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THE CANADIAN NURSE

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	Page
Report of the National Memorial Committee	389
Development of the Hospital for Sick Children, Toronto	391
The Prevention of Measles	395
Care of Premature Babies	397
Lectures on The History of Nursing	399
Editorial	401
Letters to the Editor	402
Public Health Nursing Department	403
Has School Medical Inspection Justified Its Existence?	405
Private Duty Nursing Department— Nursing in Rural Ontario	409
Department of Nursing Education— Symptomatology	411
C. A. M. C. Nursing Service Department	414
Hospitals and Nurses	419
"The Nurse Off Duty"	432

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THE
CANADIAN NURSE
A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager..... MISS HELEN RANDAL, R.N.

VOL. XVIII. VANCOUVER, B. C., JULY, 1922 No. 7

Officers of the Canadian National Association of Trained Nurses, 1921-1922

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Report of the National Memorial Committee

The National Memorial Committee plans this month to publish a very brief report, as the annual meeting in Edmonton will be held in the near future, when a complete report will be presented to the members of the Canadaian National Association of Trained Nurses. The Treasurer's report is encouraging in a way, but discouraging from the fact that a large proportion has been contributed by two provinces, Quebec and British Columbia.

Receipts and Expenditures

British Columbia	$2415.00
Alberta	170.00
Manitoba	524.00
Ontario	1156.00
Quebec	6030.10
Nova Scotia	50.00
Prince Edward Island	100.15
Total	$10,445.25
Expenditures—National Committee	78.20
Bank Balance	$10,367.05
Receipts—not deposited:	
Saskatchewan	425.00
New Brunswick	159.70
Balance on hand June 11th	$10,951.75

The Business Committee is endeavoring to secure permission to place the memorial inside the parliament buildings instead of in Major Hill Park. The location desired is on the ground floor in the main corridor near the entrance to the parliamentary library. On June 1st, Mr. Cleveland and Mr. Gerald Larkin interviewed the Right Honorable Mackenzie King concerning the inside location. Later they met a committee-in-council consisting of the Prime Minister, the Speaker of the Senate, the Speaker of the House of Commons, the Minister of Public Works, the Honorable Mr. Beland, and the Honorable Charles Murphy. After discussion, the matter was left for a later decision, after designs of the proposed memorial hed been submitted.

It has been brought to the attention of the National Committee that many nurses may not be in touch with the committee working in their individual province.

Subscriptions can always be sent to the National Treasurer, Miss Katherine Davidson, 131 Crescent Street, Montreal, Quebec.

JEAN I. GUNN,
Chairman, National Committee.

For tho' the Giant Ages heave the hill
And break the shore, and evermore
Make and break, and work their will;
Tho' world on world in myriad myriads roll
Round us, each with different powers,
And other forms of life than ours,
What know we greater than the soul?
On God and Godlike men we build our trust.

Ode on the Death of
The Duke of Wellington.

Development of Hospital for Sick Children, Toronto

The following is a short synopsis of a talk yiven to the members of the Alumnae Association of the Hospital for Sick Children. Lantern slides were used, showing the various buildings and the development of the various departments in connection with the work carried on by the Hospital for Sick Children.

This brief outline of the development of the hospital was obtained from the records available in the hospital:

Mrs. MacMaster and Miss Knapp, two women struck by the state of neglect and want and no place where children could be looked after in time of illness, and many absolutely dying for want of cleanliness and fresh air, wondered if nothing could be done for these neglected sufferers—if someone could only establish a hospital for sick children. A little cottage and a nurse was the extent of their vision at first. One or two of the weak ones thought of the Great Physician, and told Him their cares and thoughts. He said: "Try!" A statement was made of the needs of these little ones, and soon letters came pouring in, commending the project and offering sympathy and aid. A circular was sent addressed to the Christian public.

In securing means to establish the hospital, the ladies did not intend to solicit help from anyone, further than to give information relative to their wants, plans and purposes, believing that if this be of the Lord all the assistance would be forthcoming.

The ladies mentioned the project to several of the most prominent physicians of the city, who promised their regular and gratuitous service. In speaking of this to a few friends, the following articles were promised towards furnishing the hospital: 6 iron cots made to order; 2 cots furnished with mattresses, pillows, etc.; $20.00 worth of cotton for sheets, pillow cases and nightgowns; $10.00 in medicines for dispensary; all the coal oil required; 2 pairs cot blankets; scrap books; 2 pairs little socks to draw on when the patients sit up; besides $86.96.

As money began to flow in and furnishings, etc., were added, the ladies began to feel that it would never do to take less than a fair-sized house and looked out for a good matron. So they were soon praying and looking around in every quiet street for a house. Satisfactory arrangements were made with a Christian woman as nurse, and a house was soon found at 31 Avenue St., containing eleven rooms. In March, 1875, a lease was signed for two years at $320.00 a year.

Thus encouraged, they felt bound to proceed. As soon as there was enough to furnish a house of moderate size, and sufficient to pay

the rent, salary of the matron and wages for a servant for three months, they decided to open the institution.

The stove so kindly and cheerfully offered was taken and set up, and the furniture donated was all arranged and everything was ready to start work. Just as arrangements were made for the dedication of the work and workers, the matron took ill and died within ten days. She left her furniture to the hospital for the purpose of aiding the work, and the woman who was engaged to nurse her was retained as matron.

On March 23rd, 1875, the hospital was opened with a service of prayer and praise by many Christian friends. The work was maintained and carried on entirely upon the principle on which it was founded—simple and direct faith in the gracious promises of God. The work was fourfold: Medical, Religious, Prospective and Behind the scenes.

As the interest deepened and the work increased, it was evident that the humble building, the birthplace of this cause in Toronto, was too restricted in space and defective in many respects, so that it was necessary to acquire more commodious quarters. The work of caring for the sick children of Toronto was carried on in the following buildings—the changes beng made as the demands presented: (1) Avenue St.—Opened March 1st, 1875; (2) Seaton St. (now The Haven)—Moved to this in 1876; (3) Elizabeth St.—In April, 1878, the premises were acquired, and after alterations had been made, the children were moved into the building the last week in May; (4) Jarvis St. building. (5) The cornerstone of the present building on College St. was laid September 6th, 1889, by E. F. Clarke, Esq., the Mayor of Toronto, and the building was formaly opened May 6th, 1892. This was named the Victoria Hospital for Sick Children, as it was the 50th anniversary of Queen Victoria's accession to the throne.

Matrons and Superintendents.

In the month of May, 1886, Miss F. ....., after a period of seven years, sent in her resignation as matron. As always in their difficulties, the ladies went to God in earnest prayer and proved their extremity to be His opportunity, help coming to them through Miss Cody and Miss S....., both consecrated, devoted and skilled women, having received their training in the Toronto General Hospital. Miss S..... was placed in charge of the hospital on Elizabeth St. for the summer and Miss Cody went to Lakeside Home.

In 1889, Mrs. MacMaster, founder and president of the hospital, decided to enter Cook County Hospital, Chicago, and to take the regular course in nursing in the training school connected with the hospital in order to qualify her more fully for the duties of presiding officer. Upon her return in 1891 she resigned as president and was

appointed superintendent. Circumstances necessitated Mrs. MacMaster removing to Chicago. She was presented by the hospital board with an address, a purse of gold, and an album containing photographs of the hospital.

Miss Underhill, a graduate of the Toronto General Hospital Training School for Nurses, and who had been connected with the Hospital for Sick Children for some years, was appointed superintendent in 1892, which position she held until 1896.

She was succeeded by Miss L. Brent, a graduate of the Brooklyn City Hospital. Miss Brent administered the affairs of the hospital in a most distinguished fashion from 1896 to 1913, when she resigned to be married.

The first Medical Staff consisted of the following gentlemen: Consultants— Drs. Hodder, U. Ogden, Aitkens, H. H. Wright, and Thorburn. Active Staff—Drs. F. H. Wright, Zimmerman, Buchen, I. H. Cameron, Fulton, and Reeve.

First Board of Trustees—The Honourable Mr. Justice Patterson, Henry O'Brien, Esq., William Gooderham, Esq., Edmund B. Osler, Esq., and The Honourable Chancellor Boyd.

The Training School

Nurses and helpers were all spiritually minded, devoted Christians. Each nurse was allotted one hour a day for rest, but these servants of the Master occupied the hour in distributing tracts and holding cottage meetings amongst the poor, and religious devotions were held every Friday morning at eleven o'clock.

In 1866 the training school was established, and in 1888 Miss Josephine Hamilton, the first graduate, completed the course of two years. After thirty-five years' service, Miss Hamilton is still an active, energetic personage in the nursing world to-day.

Up to the year 1889 the lectures were held very irregularly, owing to the demands upon Miss Cody's time. With a desire to make the training school as efficient as possible, Miss Underhill, who had been in charge of the Lakeside Home for two summers, was appointed assistant matron.

Pupils came on probation for one month, and, if accepted, $8.00 per month for the first year, and $10.00 per month for the second year were paid. Lectures were given by the following doctors in their particular line of work: Drs. G. Peters, J. McCallum and W. Thistle, and on Friday evenings the pupils all studied under the supervision of the superintendent.

The first graduation was held in 1891, Miss A. Snively being present, and the class was presented with elegant gold pins. In 1906 this training school was the first to establish the preliminary course in

Canada. Miss A. S. Kinder, a graduate of the Polyclinic Hospital, was appointed to the position of instructress, with a class of seven probationers. This position she held up to 1913, when she was appointed assistant superintendent.

The training school has grown steadily and is one of the foremost schools in the country. In accordance with the New York Board of State law the school was registered in 1904 by the Board of Regents of the State of New York, thus enabling graduates of this school to become registered in the State of New York, after taking the necessary examinations.

In the year 1916, Mr. Ross Robertson, our great benefactor, presented a scholarship of $500.00, thereby making it posssible for the nurse best qualified to continue her studies at Teachers College, Columbia University, N. Y. Since this time we have been able to send one or more of our graduates to either Teachers College, Toronto, or McGill Universities. This was made possible by the generosity of two members of the board of trustees.

The Alumnae Association was organized in 1909, and has always stood for the highest ideals and does much to help the young graduate. The members of the Alumnae organized the Heather Club in 1909, having for its object the care of the child who has been exposed to tuberculosis. The Alumnae has also established a scholarship of $3.00.

A very complete course of lectures are given the student nurses at the University of Toronto. Theoretical and practical instruction is also given in the training school and unusual clinical advantages are available for the pupil nurses.

By affiliation with the Toronto General Hospital, each pupil receives a four months' course in adult nursing during her period of training. The opportunity of two months' experience in public health nursing is given to a certain number of student nurses who seem especially adapted for this type of nursing work. This school has extended its opportunities to other schools for the special branches of theoretical and practical nursing.

The school is unique in its possession of two well-equipped libraries. One contains 141 books, which supplements the class-work and enables the pupils to pursue their studies at a great advantage while in the school.

A diploma and pin of the school are awarded to those who have completed satisfactorily the full term of three years. Two scholarships are available for senior students who have demonstrated their ability and who desire to pursue advanced work.

Nurses graduating from the training school of the Hospital for Sick Children are prepared for any of the various opportunities and fields of work now open to the graduate nurse.

From a very small beginning the staff of the training school is as follows: Superintendent of Training School, 1; Assistant Superintendent, 1; Instructress, 2; Office Assistant, 1; Night Supervisor, 1; Operating room Supervisor, 1; Operating room Supervisor (night), 1; Supervisor of Residence, 1; Graduate Head Nurses, 13; Pupil nurses, 115 (including 17 from affiliated schools).

The above does not include dietitians in charge of diet kitchen, milk department and research laboratories.

The Prevention of Measles

Measles is a disease which attacks most people at the time they are first exposed. Most people are exposed to it in their early childhood, and it has therefore become a more or less accepted inconvenience of early life. "Only the measles" is a trivial incident in the development of our children. This is the philosophy with which we have had to be content in facing the facts. Yet as a cause of death in early childhood measles ranks foremost. In New York City during the years 1910 to 1918 it was responsible for 44 per cent, of all deaths between the ages of one and two years..

Because most of these deaths are due to bronchopneumonia following measles, it is the bronchopneumonia which is feared. But the bronchopneumonia would not occur if measles had not first prepared the way. It is exactly the same relation as exists between influenza and bronchopneumonia, but for young children the measles combination is much more formidable. It is the greatest single enemy they have to meet. The eradication, practically, of small-pox leaves no doubt as to this. Also the eradication of small-pox gives rise to the hope that measles may some day fall before the forward march of Preventive Medicine.

This hope was entertained over a century and a-half ago, when it was attempted to inoculate the skin of unexposed children with the nasal secretions of active cases of measles. From that time until comparatively recently, however, little has been done, and it is only since the development of experimental methods in animals that there has been reported more promising work. The application of the principles of isolation and quarantine have been disappointing because the periods of greatest contagiousness in measles are before the symptoms of the disease have developed beyond those of an ordinary "head cold." As soon as the rash begins to fade the disease is no longer contagious, so the isolation of measles, to be effective, must be the isolation of every head cold. This would of course be impossible.

The various ways in which modern investigators are attempting to solve the problem are interesting. Thus, Herrman, in New York,

transferred mucus from the nares of an afflicted child twenty-four hours before the appearance of the rash, to the nasal mucus membranes of forty infants under five months of age. Children under this age have a certain amount of natural immunity which he hoped to convert into a permanent immunity by producing a mild or unrecognized attack of the disease. Four years later he reported that he had been able to follow twenty-five of these children and that only two of them had contracted measles—a morbidity of eight per cent.

The use of convalescent serum has been established as an efficient prophylactic measure when certain technique has been used in drawing the serum and in regulating the dosage. This technique has been worked out mainly by Degkwitz and Kutter in Europe, and to a lesser extent by other investigators in this country. This method, although it protects temporarily, is of value mainly in weathering short periods of danger, for many children so protected again become susceptible and take the disease after a few months. Also this method must be used before the disease has established itself—that is before the early conjunctivitis and rhinitis appear, or within four days of the time of exposure. This means that the first case appearing in any group of susceptible people must be promptly diagnosed and that those exposed be as promptly treated.

But the starting point of all these measures is with an already developed case. Very little progress can be made by treatment which depends on previous cases for its existence, for the more the disease in question is checked the less is there available a means for holding it in check. In the use of the principles of immunity we must find methods which enable us to use animals, if we are to continue our efforts over long periods. If animals can give us unlimited ammunition, then we can carry on the war against disease indefinitely, and the ability to carry on indefinitely means ultimate victory.

The work so far carried on with animals is therefore of greater interest, even though it has as yet not produced actual results. As yet the only animal in which scientists have been able to produce the disease measles in such a way that there can be no doubt as to its identity is the monkey. Measles was first produced in monkeys about ten years ago, but that original work was subsequently discredited by other investigators. Two years ago the problem was again taken up by Blake and Trask at the Rockefeller Institute. Their first step was to confirm the original idea that it was possible to produce the actual disease of measles in the monkey. They established the fact that it is possible beyond any doubt. Through many generations they produced with regularity a disease which showed the typical conjunctivitis, coryza, bronchitis, enanthem or Koplic spot, and exanthem or rash. Lastly they noted the frequent complicating bronchopneumonia and demonstrated under the microscope that the lesions were identical with those produced in man.

They found that the virus of measles was present in the blood and could be transferred by blood transfusion to another animal, from about the fourth day after exposure until the rash on the skin had reached its height. It is interesting in this connection to note that convalescent serum does not prevent the disease after about the fourth day following exposure—that is, convalescent serum is useless after the virus has once entered the blood stream. Also, it is clinically true that measles is no longer contagious after the rash has begun to subside—that is, soon after the virus has left the blood stream.

This is the preliminary step. Professor Blake and his associates are now engaged in an attempt so to reduce the virulence of their measles virus that it can be made to produce only a local disease, or a very mild type of disease, which will not create the danger of a complicating bronchopneumonia, but which will confer a lasting immunity to the disease which is running through the country at large. If they are successful in this, their contribution to humanity will be a great one, but it takes a long time to establish such methods. The product will have to be standardized. It will have to be thoroughly tried out and established. It will have to be marketed in large quantities. And lastly, it will have to overcome the political venom of ignorance.

—*The News Letter.*

Care of Premature Babies

When I look over the many and various hospital magazines, it strikes me there is little from the smaller hospital, many of which are scattered in our province, and I feel sure are doing good work. Since December, 1920, I have been Superintendent of one of those (about eighty beds), and I would like to draw your attention to our maternity department, of which we are very proud. Ever since I came here we have had premature babies, and it is to this department I would like to draw your attention.

One of our rooms was made into a premature room, and, with the ordinary radiator and the assisted heat of an electric heater, the temperature was kept at 80° Fahr. Our premature babies have done well, and I will cite one as an example, it being the second premature, and the mother was so keenly desirous it should live, as the other died.

Baby girl, born November 11th, 1921; weight, 4 lbs., 7 oz., losing weight till November 29th, 1921, when it registered 3 lbs., 11 oz. The baby was fed Formula 7-20, 1 teaspoonful Brandy, 3 drops every 2 hours, and directly the milk came into the mother's breasts the quantity was increased gradually, feeding at the rate of 40 calories per lb., which is considered low. However the infant regurgiated and was generally upset with an additional quantity. Brandy was decreased

to two drops November 27th, 1921; the baby is still gradually but slowly gaining in weight, being oiled and weighed every other day. Absolutely no visitors are allowed in the premature room and the feedings are given every 2 hours.

The mother went home after the fourteenth day, and, previous to going, the nurse in charge gave instructions as to the sterilization of the necessities for pumping the breasts, and the milk came regularly to the hospital, the mother being of the intelligent type and was so very anxious for the baby to live.

On December 27th, 1921, the premature weighed 4lbs. 4½oz., the brandy is discontinued, and the feedings are two and a-half tablespoonfuls every 2 hours; feeding modified milk three times in 24 hour, as the breast milk is insufficient; our caloric value is up to about 60, and the baby has normal stools, is bright and doing well. On January 12th, 1922, the record shows weight, 5 lbs. 5½ oz.; feeding the same quantity; milk shows signs of disturbing, as the baby vomits frequently; stools green with a decided tendency to constipation. On January 19th, 1922, Dextra Maltose, half teaspoonful, is added to formula and feeding reduced to every 3 hours during the night.

On January 30th, 1922, feeding increased to four tablespoonfuls every 2 hours during the day, every three hours during night; weight 5 lbs., 13 oz. Loss of weight from February 1st, 1922, to February 4th, 1922, 1½ oz.

On February 5th, 1922, baby discharged; weight 5 lbs., 13 oz., and in perfect condition, as signed by the doctor on the chart. I hope this may be a means of stimulating in every hospital the need for proper means to enable the pupil nurses to get this very necessary training to enable them to care for a branch of work which, to a certain extent, has been neglected.

MARGARET TAIT

Oh, yet we trust that somehow good
Will be the final goal of ill,
To pangs of nature, sins of will,
Defects of doubt, and taints of blood.
That nothing walks with aimless feet;
That not one life shall be destroy'd,
Or cast as rubbish to the void,
When God hath made the pile complete.

In Memoriam

Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,
Curator of the Medical Museum, McGill University

LECTURE X.

SECTION 22.

NURSING IN THE GREAT WAR.*

(a) The British, (b) The Canadian, and (c) The American Army Nursing Services; (d) Edith Cavell, and others.

(Continued)

Slide 254—Major Julia C. Stimson. The daughter of a New York clergyman, Miss Stimson was graduated from Vassar College, and from the School of Nursing of the New York Hospital, New York City. For three years she was Superintendent of Nurses at the Harlem Hospital, New York. She went to St. Louis in October, 1911, to take charge of social service work in the Washington University and the St. Louis Children's Hospitals, and later became Superintendent of Nurses of the Washington University Training School of that City.

When the Red Cross Department of Military Relief authorized the organization of Base Hospital No. 21 within the Washington University Medical School, Miss Stimson was appointed Chief Nurse. She went to France in April, 1917, and was stationed at Rouen, where her unit took over No. 12 General Hospital, B. E. F. At the request of the Red Cross Commissioner in France, the Chief Surgeon of the American Expeditionary Forces assigned Miss Stimson to duty with the American Red Cross, and in April, 1918, she was appointed Chief Nurse of the American Red Cross in France. On November 15th of the same year the Chief Surgeon appointed her Director of the Nursing Service of the American Expeditionary Forces, at which time she took over the responsibility for 10.000 members of the Army Nurse Corps at that time serving with the A. E. F. In July, 1919, she returned to the United States, and was appointed Dean of the Army School of Nursing, and a few months later Superintendent of the Army Nurse Corps.

Miss Stimson received the Distinguished Service Medal of the United States, the British Royal Red Cross, First Class, and the *Médaille de la Reconnaisance Francaise* from the French Government. She has recently been awarded the honorary degree of Doctor of Science by Mount Holyoke College.

Slide 255—Miss Carrie M. Hall, who was, with Miss Julia Stimson and Miss Lillian D. Wald, a delegate from the United States to the meeting of the League of Red Cross Societies on June 1st, 1919, Superintendent of Nurses and Principal of School of Nurses of Peter Brent Brigham Hospital, Boston, Mass., member of National Committee American Red Cross Nursing Service, Chief Nurse of the American Red Cross in France, suceeding Miss Stimson.

*Copyright 1920

(*d*) THE SUPREME SACRIFICE—EDITH CAVELL AND OTHERS.

Remarks: The name of the English Martyr Nurse of Brussels who remained at the post of duty succouring wounded friend and foe alike, after the city had surrendered, and who paid the soldier's extreme penalty for an act done in her country's service, may well stand as representative of that heroic dying in a cause to which not a few of her sisterhood attained, to their lasting glory and undying fame.

Slide 256—Edith Cavell. Daughter of the Vicar of Levardeston, Norfolk, and trained in the London Hospital. In 1907 established a Training School at the Brussels Surgical Institute and there introduced the Nightingale System into Belgium. Presented an able "Report on Nursing in Belgium" at the International Congress of Nursing in 1909, which outlined the movement in that country and the progressive attitude of medical profession in regard to it. On the outbreak of the Great War and the invasion of Belgium, she remained at her post and aided by nursing the wounded both on her own and the enemy side. This work ceased after the evacuation of Brussels by the Germans, and on August 3rd, 1915, she was court-martialed on the charge of harbouring English and French soldiers and Belgians of military age, and helping them to escape. She was executed on October 13th in the walled yard of the prison of St. Gilles by a German armed firing party, in spite of all efforts made to avert her fate. She showed a truly remarkable spirit of bravery, fidelity to duty, unshaken Christian kindness, and real heroism throughout

Slide 257—Statue of Edith Cavell. Erected in the City of Brussels immediately after the signing of the Armistice. Its unveiling was the first official act of King Albert upon his entry into the capital. It bears the inscription on one side—"Miss Edith Cavell—*Hommage à L'Angleterre*, 22 November, 1912," and on the other, "From Grateful Belgium." A picture of Miss Cavell in nurses' uniform is seen also in the corner of the slide.

Slide 258—Bronze medal, showing fine bas-reliefs of Edith Cavell in nurses' uniform and Mme. Depage, wife of the celebrated Dr. Depage of the Belgian Red Cross, with their names. The other side bore as an inscription the word "Remember," and the date—"1915." Presented by Dr. Depage to the members of the International Nursing Students (League of Red Cross Societies) at King's College for Women on June 21st, 1921.

Slide 259—Commemorative tablet in the National Burying Ground at Brussels, on which are engraved the names of 35 heroes who were shot by the German soldiers. Among these is seen the name of Edith Cavell. Behind the tablet is a square surrounded by a low marble tile with chained pillars at each corner, enclosing a gravelled space with a small marble elevation in the centre marking the spot on which the chair was placed on which the condemned were seated to be shot.

Slide 260—Canadian nurses drowned by Enemy action on the Hospital ship Llandovery Castle, June 22nd, 1918. (a) Nursing Sister Margaret Fortesque, and (b) Nursing Sister Gladys Sare, both graduates of the Montreal General Hospital. (c) Nursing Sister Alice Dussault, a graduate of the Royal Victoria Hospital, Montreal. All were active members of the Canadian Nurses' Association.

Slide 261—Nursing Sister M. Katherine Gallaher, drowned on transport duty on the Hospital Ship, Llandovery Castle. A graduate of the Lady Stanley Institute for Trained Nurses, General Protestant Hospital, Ottawa, Ont., Superintendent, General Hospital, Moose Jaw, Sask. for three years previous to going overseas in 1915. Served in France for three years.

Slide 262—Funeral Service of six Canadian nurses, killed in the dormitory of No.1 Canadian Hospital, Etaples, France, 1918.

(To be Continued)

Editorial

After many, many months and years of waiting, after days of attending a Royal Commission, when the summing up of the learned judge was to publicly state that the graduate nurses of Ontario had worked hard and worked alone, as far as help was concerned, to get themselves recognized and their registration legally assured, comes the news of the passing of the Act respecting the Registration of Nurses in Ontario. Needless to say, on reading it, that the nurses were not consulted to any noticeable extent. It will be found in the hospital notes from Ontario. One must wait till the regulations as prescribed by the Lieutenant-Governor-in-Council be published for criticism, but one also asks where could you find another example of regulations standardizing a profession taken completely out, so far as can be learned now, of the hands of the members of that profession themselves? Ask the physicians or lawyers what they would think of a like condition for their profession.

It is to be hoped that the Board which the Lieutenant-Governor-in-Council may appoint be composed exclusively of nurses, who are after all the most interested and most competent to set the standards of the nursing profession. Every effort should be made to see that the standards are sufficiently high that the Ontario R. N. certificate be recognized elsewhere. If they are not, a hardship will surely be felt when reciprocity with other provinces, states and countries is asked for and refused.

The Act, as it stands, holds too many chances for low standards and constant agitation to be of much comfort to those earnest women who have worked so long and with so little apparent success.

* * * *

The following editorial from *The Pacific Coast Journal of Nursing* applies to Canada as well, and it is inserted in the hope that we too may all be on the alive file of our respective provincial registration office.

WHY USE THE R.N.?

Nurses have fought and bled for their R.N. on many a legislative battlefield. It has come to be the symbol of a profession; the magic two letters that open the door and lead further on; that places the seal of qualification and proclaims the holder as one who has met certain requirements. It is not easily won; it has cost three years of stiff training, a state examination, sometimes two and three examinations. It is a precious possession, something to be cherished and protected—not lost. Many things depend upon it—professional standing, membership in organizations, positions. Without it the doors are closed.

The R.N. is for the nurse what the M.D. is for the doctor, the D.D.S. for the dentist, the D.V.S. for the veterinarian. Why not use it? Why do we find it absent so often when officially it belongs at the end of a name? Mary Smith is just Mary Smith, a woman; Mary Smith, R.N., is a registered nurse, a graduate of an accredited school of nursing who has qualified by state examination, who knows or should know her business as a nurse; she has some standing and a definite status.

In a certain set of files in the Bureau of Registration of Nurses there are five thousand and seven (5,007) registered nurses alive and functioning as such. There are in another set of files four thousand six hundred and twenty-eight (4,628) expired. Some of these are no doubt not of this world, some have left the state, some have abandoned their profession; this is what remains after the renewal of 1922. Undoubtedly some of the expired may later wish to be revived, but as they are now in the files their certificate is dead. The list will soon be ready for the secretaries of the associations to check up on their membership. It is an interesting list because it is alive and worth the work entailed to get it.

Gentle reader, are you in the alive file? Are you using your R.N.?

Letters to The Editor

Dear Editor:—

It is still the custom of some hospitals to put the nurses in training on special duty with private patients, the Superintendent proudly admitting how much money was made for the hospital by her nurses in training.

Is this right?

Does the pupil nurse gain anything by doing "special" duty before she graduates?

Can we have some discussion on this question?

M. B.

Public Health Nursing Department

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Chairman—Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ont.
Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.
Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

Address public health news items from each province to the following representatives:

Nova Scotia
Miss Margaret McKenzie,
Department of Public Health,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec
Miss Lawrence,
207 St. Catherine St. West,
Montreal, Quebec.

Ontario
Miss Muriel Mackay,
190 University Avenue,
Toronto.

Manitoba
Miss Elsie J. Wilson,
798 Grosvenor Avenue,
Winnipeg, Manitoba.

Saskatchewan
Miss Nora Armstrong,
City Health Department,
Regina, Sask.

Alberta
Miss Elizabeth Clark,
Prov. Public Health Dept.,
Edmonton.

British Columbia
Miss M. A. McLellan,
1883 Third Avenue, West,
Vancouver, B.C

ALBERTA.

At the 12th annual convention of the University of Alberta, the following nurses graduated from the Public Health Course: Misses B. Bean, C. Lonsdale, J. Mayson, A. G. Reid, Z. Richardson, M. A. Staley, E. C. Steeves, and M. Strem. Misses Lonsdale and Staley are graduates from London, England, Miss Steeves of the Royal Victoria Hospital, Montreal, and Miss Richardson of the Winnipeg General Hospital; the other successful nurses are from Edmonton hospitals.

"PUBLIC HEALTH."

Public Health is the science and the art of preventing disease, prolonging life and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will insure to every individual in the community a standard of living adequate for the maintenance of health.—*C. E. A. Winslow.*

Some Infant Mortality Statistics.

The honour of having the lowest infant mortality rate in the world belongs to New Zealand, where it is now 40.6 per thousand. Dunedin in 1900 had an infant mortality rate of 80; to-day it is 30.8. This is ascribed to the mild climate, to favourable housing and economic conditions, to enlightened Public Health and Welfare Laws, and to the excellent work of voluntary organizations in the provision of nurses, clinics, and in educational propaganda for the conservation of child life.

Nursing.

Training courses in Scandinavia for nurses and welfare workers.—The Norwegian Red Cross Society gives two separate and distinct courses of training to women to fit them to be nurses. One course is of three years' duration and is excellent. This training allows the graduates to aspire to the highest posts in the public and private hospitals in the country. The nurses are employed in distant Spitzbergen, where conditions demand excellence and sacrifice on the part of the nurses. This is the principle activity of the Norwegian Red Cross, and doctors and patients have expressed the highest appreciation of these nursing sisters.

The second course is for district nurses and is of one and a-half years' duration. The graduates do bedside nursing in the homes of the poor and have been largely influential in preventing the spread of epidemics.

Recently the Red Cross Society has appointed travelling sisters to tour the country, giving short courses in elementary hygiene, home nursing and infant care to large numbers of women and young girls. The interest manifested in these courses has been very keen, especially in the outlying rural districts.

Japan Going Ahead.

The Japanese Department of Home Affairs reports that, whereas in 1914 there were only 625 social welfare organizations spending annually a sum of £264,463, in 1920 these had increased to 974, and their annual expenditure to £581,233. These are all voluntary institutions. The Japanese Government is also increasingly interesting itself in national health and social welfare, and the public is already clamoring for a grouping under one central Health Ministry of all the various state activities concerned. The general health activity throughout the country has prompted the Home Office to create a Department of Preventive Medicine, which will take over work in connection with the prevention and cure of chronic infectious diseases, and mental disorders. Amongst other efforts, they are endeavouring to find out

how much the children in the public schools have learned about tuberculosis by testing them with the following questionnaire:

(1) What kind of disease is tuberculosis?
(2) How are people infected with this disease?
(3) What treatment is necessary for those who have contracted it?
(4) What measures ought to be adopted for its prevention?

Strict injunctions are given that the children are to have no prompting in answering the test.

Has School Medical Inspection Justified Its Existence

J. T. PHAIR, M.B., D.P.H.
(Chief School Medical Officer, School Health Division, Ontario Department of Education).

While those who have been associated with this movement in any of its branches realize that School Health Supervision needs no justification for its past or continued existence by anyone, there are always some people in every community who are prone to seemingly feel that in times of economic depression this service could well be dispensed with. And while this paper is not written with the view that School Medical Inspection is on trial, it is hoped that it may be of some slight value to those whose task it is to establish or present some type of School Health programme in a community.

In briefly reviewing the history of the movement, I would say that the credit for its inception has usually been awarded to Sweden, but the first practical application of its possibilities, I think, rightly belong to the city of Brussels, where a rather comprehensive plan was put into operation in 1874. France, Germany, Denmark, Austria, Norway and Switzerland, all adopted some form of School Medical Inspection during the next decade, and an appreciation of its value was also noted in the British Isles about this period, although it was not until the interest aroused by the physical findings in recruiting for the Boer war, made possible the passing of the Education (Administration Provisions) Act of 1907, that the sporadic attempts to carry on throughout the larger centres ceased, and a nation-wide programme of School Health Supervision was substituted. To Boston belongs the credit of its introduction on this continent in 1894, to be closely followed by New York and Chicago. The movement invaded Canada in the early years of the twentieth century, and from that date to the present the progress towards our goal of an effective plan of School Health Service in every school district, in city and country, has been fairly encouraging. The foundation of the present far-reaching system in Toronto was laid in 1909. The inclusion of the rural-dwelling child in the group of those likely to be benefitted by these activities was not made until a few years ago, when, as the result of well-conducted

surveys by responsible parties, findings which, to say the least, were certainly unexpected, revealed physical conditions almost comparable to those existant among the supposedly less fortunate, city-dwelling children, conditions which demand a very early and intensive plan of action, and I may say that this phase of the work is the one now engrossing the larger share of the time of many of those interested in this field of preventive medicine.

The expectations and hopes that prompted these various countries and municipalities to embark on this health betterment venture are worthy of more than passing thought. In fact, the so-called Medical Inspection of 25 years ago will be difficult of recognition by those now engaged in carrying on the modern conception of the work. The control of communicable disease, and some effort towards improved School Sanitation, were the two factors responsible for its inauguration, and they were for many years the entire fields of activity of the school physician. As to the efficacy of the plan adopted, let me refer briefly to some figures obtained in New York City some twelve years ago. In the year 1910 there were found in school by the School Medical Staff and excluded therefrom 738 cases of diptheria, 203 of scarlet fever, 628 of measles, 1235 of chicken pox, 234 whooping cough, 1024 of mumps, and 101 cases of active tuberculosis, while some 2986 unreported cases of these diseases were found in the homes. These cases were active ones, definitely diagnosed, not suspects or contracts. The figures supplied by Dr. Cornell, of Philadelphia, for the year 1912, show exclusions for contagion to have reached 6960 in number; these also were cases found by the staff in school or home. In Toronto, comparable figures are available for the year 1921. During that period a total of 7620 cases were reported (including diphtheria carriers) from all sources, while the School Health Service reported 2605 of these as found in school. Practically one-third of the total number of cases in the city were found to be attending school while ill. Conceding that all of these diseases are most communicable during their early stages, the statement that the school-room is the greatest factor in the spread of contagion in any community is seemingly well borne out, and the fact that any attempt to control communicable disease, which does not include an efficient plan of School Health Supervision, is definitely incomplete, is also apparently proven.

Another phase of this service, and one which has been stressed by some as being the major one, namely, detection and correction of physical defects, was added to the duties of school officers and nurses only some fifteen years ago, following an awakened interest in this particular field of child welfare. That an enormous number of children have been materially benefitted who otherwise would have gone on to adult life, definitely handicapped by any one of the many defects which are found to be present in such large numbers among children of this day and generation, is undeniable. All that is necessary is to admit that

the conditions found warrant treatment and the case is closed for lack of argument. Some criticism has been levelled at this aspect of the work, on the ground of interference with personal liberties of individuals, and its apparent assumption of parents' responsibilities. This criticism is to my mind absolutely unfounded, if we bear in mind that the presence of or seriousness of the conditions found has not been appreciated by the parent until it had been brought to their attention by the school health staff, and, if any further evidence is needed, the fact that in all centers reasonably well-served in this way the corrections are second only to detections in number should suffice.

In New York State, not including the city of New York, in a recent report covering the last six years, Dr. W. A. Howe gives some exceedingly interesting figures, the results of work done throughout both rural and urban districts.

Total number of physical examinations made by physicians during the past six years: Cities and large villages, 1,168,912; rural schools, 1,333,520; total, 2,302,432.

Percentage of pupils examined during the past six years: Cities and large villages, 72.9%; rural schools, 80%; average, 76.4%.

Total number of defects reported during the past six years: Cities and large villages, 890,225; rural schools, 1,034,937; total, 1,925,163.

Total number of defects corrected or treated during the past six years: Cities and large villages, 369,057; rural schools, 247,599; total, 616,556.

Percentage of defects treated during the past six years: Cities and large villages, 39.3%; rural schools, 23.9%; average, 31.6%.

125,096 more physical defects were corrected or treated during the school year 1920-21 than during the school year 1916-17. This is an increase in corrective work of 149% in six years. In the rural schools during this same period an increase in corrective work of 42,335 or of 123% was made.

From the city of Toronto, for the year 1921, the following figures are gathered: Number of children examined by so-called C.P., 21,806; number of defects other than teeth, 11,809; terminations other than teeth, 10,237 (these are not necessarily defects found during current year). These figures are exceedingly interesting when compared with those from other centers, and, when compared with those found in the smaller centers and rural districts of this province for the same period; some of which are here given, much of value is discovered. Number of children examined in small urban and rural districts by field staff of Department of Education, 50,468; number found with defects other than teeth, 28,615. Unfortunately no record of defects terminated is as yet available. The fact that the family physician or other agencies, carrying out the treatment, concurs in the findings, and their possible seriousness, in such a large percent of cases, should leave no doubt in the mind of any as to the value of this side of the work.

A third and, to my mind, the most important phase of School Health Supervision is the more strictly educational one, most important in the sense that if we are going to make any material progress towards the goal of improved health conditions, we must attempt to inculate into the children of to-day, who are to be the future citizens of tomorrow, an early appreciation of the value of good health habits and personal and community hygiene generally. It is aimed to do this by supplementing the accepted hygiene teaching in the class-room, by short, pointed health talks by the staff, which should be made applicable to local conditions. Secondly, by stressing in the home the influence of faulty environment, and defections from the rules of health on conditions found, and by making possible the interest of children and parents in the establishment of the aforementioned habits, by such devices as posters, health plays, health slogans, competitions, and the continued stressing of the subject of good health. While this phase of School Health Supervision is comparatively new, much good has already come from its adoption, in centres where it has been carried out, and the seed sown has already in some places reached the fruit-bearing stage.

Any attempt at justification of School Medical Service would be incomplete without due mention of its influence on physical education and the possibilities in this field. And the too largely ignored application of sound hygienic principles to the school environment, significance of which has not always been fully appreciated, and which is almost as important as the physical state of the children. This also has a very definite place in any system of School Medical Inspection. And here I would state that a large measure of time and interest on the part of School Medical Officers to the question of School Hygiene will result in much that might be adjudged as worth while.

The problem of the mentally subnormal also received a much-needed stimulus by those in the field of the School Medical Inspection. And the ungraded class for this group of children, open air class for the pre-tuberculous and anaemic, the auxiliary class for the crippled and physically defective, the sight-saving and lip-reading class, the special class for cardiacs, nutrition classes, and the so-called forest school, are all outgrowths of School Medical Inspection, and are part and parcel of any modern conception of efficient School Health Supervision. In fact, to-day, the school health staff are very important agents in the plan of co-relating good health and pedagogy, in order to produce the maximum of mental and physical efficiency with the minimum of wasted effort. Surely, in view of these facts, School Medical Inspection has justified its existence, and warrants a place, not as an auxiliary, but as an integral part of the academic programme in any community.

Read at Annual Meeting of School Health and Physical Education Section, Ontario Educational Association, Toronto, April 18th, 1922.

Private Duty Nursing Department

Secretary-Treasurer—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.
National Convenor—Miss Edith Gaskell, 397 Huron St., Toronto.
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Nova Scotia Representative—Miss Josephine Walsh, 41 Brenton St., Halifax, N. S.
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Alberta Representative—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.
British Columbia Representative—Miss Marion Currie, 2707 Hemlock St., Vancouver, B. C.

Nursing in Rural Ontario

As it has been with delight and interest I have read the letters concerning nursing as it is in the Prairie West, let us enter some of the hidden chambers of rural Ontario—

Although somewhat acquainted with the west, where the field is so wide, nurses so scarce (doctors correspondingly more scarce), and facilities so meagre, it is apparent that even in our older settled Ontario the private nurse has ample scope to exercise her every talent—

The telephone rings as it did for me a short time ago—Doctor calls and wants me to go to a home where a mother lies sick, now seven weeks after confinement. The husband comes to my home, to return on a twenty-five mile trip, after 10 p.m. Facing a storm of sleet and rain, we travelled on without a covered buggy, arriving about 2 a.m.

The view on entering that home was one of pity and repulsion. Disorder, etc., etc., in every corner. A poor old half-blind grandmother sitting by the side of the kitchen stove, near which stood a little "go-cart," in which, half reclining, was our new baby. It cried as I entered, from discomfort or lack of nourishment (for it looked as though it might have been either or both). There were three other boys in the family. It was with an unspoken prayer that I hoped I might be of some real assistance.

The mother I found not so physically ill, but was very much worried. For a day or two I attempted to gain their confidence, and soon they seemed willing to listen and learn.

You may imagine their delight when, within a week, chaos was changed into order, the baby sleeping beautifully, the mother about with the family, able to do some mending and listen to the children's stories.

Just a few days ago, at 12.30 mid-day, doctor calls; says he has a case on which he may have to operate this afternoon. He has a call to make five miles in the opposite direction, but by 2.45 p.m. the doctor and I leave town in his automobile to go to the boys' home some ten miles distant.

At 11 a.m. the doctor had called to see this child, and at that time told the parents it might be necessary to operate at once, and told them to clear out the little living-room and have the boiler on with boiling water.

On our arrival, about 3 p.m., the low frame house, situated among trees, did not suggest a very enviable operating room. However, there was a life at stake, and, not having any hospital near, we had to do the best possible.

We entered a lean-to-kitchen in the rear. On enquiring how the child was, the father and mother said the pain was getting worse. On examination, the doctor thought wise to proceed with the operation. Telephoned two other doctors from town to come at once and bring operating table from his office.

In the meantime, the doctor and I proceeded to prepare sheets, towels, gauze pads, basins (which one of the medical men used solely for operations loaned to us), to be boiled in boiler, instruments in sterilizer, on stove, absorbent and gauze in oven. Gowns were brought by the doctors themselves.

The little living-room (9 x 12) with its one small window, overshadowed by a large birch tree, was emptied of its furniture and rug. Off this room were two small bedrooms, in one of which was our patient, a boy of eleven years. As the sun disappeared behind a cloud, it was very evident we should have to resort to artificial light, and as there was no one able to hold a lamp, one of the doctors telephoned his sister to come as quickly as possible, bring his "searchlight," which he attached to his car battery, bringing the wire through our one small window, carrying the wire to a hook at the top of the window sash, thence across to a hook in the ceiling, from which the lamp hung immediately above the field of operation. What might we not give for a hospital operating room? Now with our electric light operating table, stands covered with sterile sheets, sterile basins - - - etc., etc., for doctors all ready, we placed the patient on the table.

On opening the abdomen, we found it to be a case of ruptured appendix, which was removed and the abdomen closed, leaving a rubber drainage tube for a few days. It was certainly fortunate, for within another twelve hours the operation would be more serious and perhaps

useless. The patient made an unusual recovery.

Experiences like these, where the downcast are sent on their way rejoicing, where the nurse assists in difficult operation in a 9 x 12, where she brings sunlight of health, with very few facilities or conveniences, have in them a great deal of satisfaction to nurse, family and doctor. The patient and family ever kindly remember the one who has assisted them so sincerely and willingly in their times of difficulty. It seems to me that rural nursing is far more satisfactory than in the city, even though the hours are longer and the hardships greater. A good nurse makes a reputation for herself and retains it—she has full scope for her own individuality. It may not be quite as remunerative, but there is more chance to exhibit the true princples of nursing—charity and service.

ANNIE C. LAWRENCE,

Department of Nursing Education

Symptomatology

By Mary A. Catton.

(Continued from last month)

Sputum is of varied charcter and plainly symptomatic of certain diseases. In some diseases the sputum periodically varies as the disease develops, and is therefore characteristic of certain stages of the disease.

In pneumonia, sputum is at first "mucoid" and then becomes "rusty" or brick color. Mucoid and tenacious sputum is characteristic of pneumonia, asthma, and bronchitis. "Bloody" sputum (frothy) is from the lungs, and the froth is due to air bubbles being mixed with the blood—this may be a symptom of tuberculosis, rupture of a pulmonary blood vessel, abscess of the lung or congestion, and can best be diagnosed by the previous history of the patient.

Bloody sputum containing mucus is very likely to be from the stomach—unless associated with cough and bronchial inflammation, which would suggest that it came from the bronchi.

Sputum containing pus associated with spasmodic cough, and offensive odor, is likely to be from a suppurating and gangrenous lung, abscess or putrefaction.

Muco-purulent sputum is common to chronic catarrhal affections of the lungs and bronchi, especially in chronic bronchitis, adolescent pneumonia and phthisis.

Purulent fetid sputum is especially characteristic of phthisical

cavitation and abscess of the lung, and when empyema ruptures into the lung.

This sputum, when allowed to stand for a while in a conical glass, forms into three layers, an upper layer of dirty froth; a middle layer of turbid mucus in which are suspended purulent strings; and a bottom layer of decomposed pus.

Prune juice sputum (sputum tinged with altered blood) results from retention of blood in the lung—observed in croupous pneumonia, gangrene of the lung, and cancer of the lung.

Currant jelly sputum is very indicative of cancer of the lung.

Respiration—affords many objective features pointing to certain diseases or abnormal conditions.

Cheyne-stokes Respiration, or tidal wave breathing, is usually indicative of desease of the mitral valve, or the nerve center controlling respiration, due to certain toxic processes. This type of breathing is characterized by a gradual increase in rapidity until a climax is reached, then gradually subsides and finally ceases entirely for from five to fifty seconds, when it begins again. Respiration may be shallow, labored, stertorous, rapid, slow, wheezy, or sighing.

The Urine presents many characteristic symptoms of different disease:—

In Fevers, Urine is diminished in amount, increased in specific gravity, deepened in color, changed in odor.

In Diabetes Mellitus, Urine is increased in sugar.

In Diabetes Insipidis, Urine is increased in amount.

In Diabetes, Urine is changed in odor.

In Nephritis, Urine may contain blood and albumen, is diminished in amount, changed in color, changed in reaction, changed in odor, changed in specific gravity.

Urine is increased in specific gravity in Eclampsia. It may be decreased in Scarlet Fever, and may contain albumen.

In certain nervous conditions, the amount secreted may be large, but only a small amount is excreted owing to retention by involuntary contraction, or lack of co-ordination of the muscles. The specific gravity may be high owing to retained waste products.

The Feces, in their color, reaction, volume, consistency, and tenacity, are symptomatic; for instance: in jaundice the stool is white or clay color, owing to the absence of bile coloring matter.

In Typhoid, the stool is distinctly yellowish at first, followed as a rule in well developed cases by diarrhoea, which is excreted involuntarily. In the later stages, however, the stool is firm and constipation is usually present. If there has been obscured intestinal hemorrhage, the stool will show marked indications either of bright red blood, which would indicate recent hemorrhage, or dark red color, almost black, indicating old hemorrhage.

The Blood is characteristic to a great extent of certain diseases, but its indications are only made objective by mechanical examination, excepting in one particular, when the pallor of the skin and mucous membrane indicate Anaemia (abnormal percentage of hemoglobin). By examination the blood will, in certain diseases, show either a decrease or increase in white corpuscles, decrease in red corpuscles, decrease in haemoglobin, decrease in amount as a whole, decrease in lymphocytes, decrease in myelocytes, abnormally large or small cells, abnormally shaped cells.

White cells are low in typhoid, high in pneumonia, septicaemia, leukemia, anaemia, aplastic anaemia.

In babies the stools indicate very readily the general condition of the child's health. If the stool is slimy and tenacious, there is inflammation of the intestines indicated.

In Cholera, the stools are watery and sometimes contain blood.

Green stools may be due to calomel or other drugs which interfere with the usual change of the bile pigment into urobilin; and may be due to bacterial pigments or faulty decomposition of bile pigment.

Black stools indicate intestinal hemorrhage, charcoal bismuth subnit., iron, tannin, etc.

White stools indicate jaundice, or obstruction of the bile duct.

Fatty stools indicate chronic pancreatitis, or too much fat in the diet.

Purulent stools indicate fistula in ano, syphilitic or malignant ulcer.

Dienteric stools contain undigested food.

Pain—Dull aching, sharp shooting, rasping, spasmodic, migratory, regular, throbbing, needle, broad, burning.

The observation of symptoms should characterize an important point in the accomplishment of a well-trained nurse, not only in that she may be of material assistance to the physician by making accurate reports of the case in his absence, but because a confidence is established in her powers of observation, and her ability to judge, which gives assurance of a well poised intellect, cultured brain, and last but not least, an indication of vigilant attention to her patient.

Ah! when shall all men's good
Be each man's rule, and universal Peace
Lie like a shaft of light across the land,
And like a lane of beams athwart the sea,
Thro' all the circle of the golden year?

The Golden Year.

C. A. M. C. Nursing Service Department

No. 3 Canadian General Hospital. Sailed from Montreal on the Metagama, May 6th, 1915. The personnel consisted of 35 officers, 73 nursing sisters, 130 rank and file.

By MATRON K. O. MCLATCHEY.

Our send-off from Montreal was most enthusiastic and took away a little of the sadness of farewell. The second day out the news of the loss of the Lusitania by enemy submarines caused us to think seriously about "the demons down under the sea." The voyage was fairly smooth and quite enjoyable. Several cases of illness broke out and several emergency operations were performed. Sisters were detailed for duty and the patients well cared for. When we reached the danger zone, we were again reminded of the dangers that lurked unseen. Bands ceased playing, no lights were allowed on deck, port holes were closed and heavily curtained, and there was a general air of suppression. All arrangements for action were made should the boat be torpedoed. The last night at sea all retired partly dressed and with our life belts beside us and waited for what might happen. However, a peaceful and radiant dawn came at length and the sight of the green hills not far away caused us to thank God and take courage.

We arrived at Devonport about 4 a.m., May 15th, disimbarked at 1 p.m. and entrained for London. The railway journey through the most beautiful part of England, including Devon (glorious Devon), was thoroughly enjoyed, and the panorama of the smiling landscape with the meadows and gardens in their riot of colour, thatched cottages, ivy-mantled towers and castles, beautiful trees, rivers and hedges, crowded out the unpleasant memories of the old ocean's grey and melancholy waste.

The Sister and I were met by the Matron-in-Chief, Overseas Canadian Nursing Service, and we were conveyed in charabancs to hotels to await orders. Orders were received on the 18th for 56 sisters to proceed to France. 15 were detailed for duty with the Canadian Red Cross Hospital, Taplow. I remained in England until June 13th, and on that date proceeded to No. 2 Canadian General Hospital, Le Treport, France, to await orders to rejoin No. 3 Canadian General Hospital. My

orders came July 17th to rejoin hospital at Dannes, Camiers. The sisters were recalled, and in a few days we were together again and the work of making a hospital was begun. The weather was ideal and our tents were pitched in a pleasant valley, at the foot of high hills upon which the grain fields, with popies and cornflowers intermingled, flourished and the ever varying shadows passed. From the summit of these hills the view was delightful; the peaceful village, the long stretch of sand dunes, the plaza, the restless ocean. After our little grey homes, i.e. bell tents, were made habitable, the work of equipping the hospital wards was begun. Sisters were detailed to each line of tents and the sisters in charge drew the linen and equipment, and the wards were soon ready for reception of the sick and wounded. The sisters and orderlies converted empty Red Cross boxes into linen cupboards, medicine closets, bread boxes and what not. Each bed was equipped with hospital kit, towels, wash cloths and soap, and a Red Cross bag containing useful articles was hung from the head of the bed. Our first convoy arrived August 8th—36 cases. The excitement was intense, and we felt that we had begun the great work for which we had left our homes and country. During our stay at Camiers we received 3000 sick and wounded, the busiest time being the Battle of Loos.

About the 1st of October the bad weather began—fog, rain, gales and penetratng cold. The tents leaked and mud was terrible. The entry in my diary for October 25th was: "Very windy, with driving rain. Pools of water all over the camp. Nearly blew out of bed last night. Hospital tents all leaking, several condemned. Sisters mess tent almost up in the air. Outlook not cheerful."

November 7th, we received orders to close up, and the patients were evacuated to England. Some of the tents had blown down and the mud was almost impassable. The closing up and turning in of equipment occupied some time. The unit was again broken up and the sisters detailed for duty in England and France. Wooden huts had been commenced for sisters' quarters and were ready for occupation December 8th, and we left our little bell tents without regret. During these months of rain and mud the health of the sisters was excellent, their cheerfulness under such dampening circumstances was wonderful, and they showed early in the game the stuff they were made of. The only heating apparatus each had was a small blue flame oil stove, and that winter of 1915-16 was cold and blustery.

January 3rd, we again rejoined our unit in Boulogne. The site of our hospital was the grounds of an old Jesuit College, previously the site of the Indian Meerut Hospital. The sisters were recalled and again began the preparations for the sick and wounded. This time, the accommodation was in galvanized iron, wooded and asbestos huts, tents, and part of the old college, which provided room for 2000. The outlook was dreary enough when we took over, but some alterations and a great deal of soap and water finally made the place habitable, and on February

14th we received the first convoy in Boulogne. Small convoys each night during the winter and spring months kept us comfortably busy. With the spring and summer the aspect of the hospital grounds changed. The beautiful trees, with ivy-mantled trunks, the spring flowers which carpeted the grove, the stone covered with ivy, made the hospital a thing of beauty to the men who, a few hours before, were in the filth of the trenches. On the 24th May, the Red Cross recreation hut for convalescent patients, "erected, equipped and maintained" by the Canadian Red Cross, was formerly opened, the Princess Victoria concert party giving an excellent concert. This hut had facilities for reading, writing, two billiard tables, gramaphone and piano. It was beautifully situated in the grove in the hospital grounds, and from its wide verandah the view was delightful. The convalescent patients enjoyed the hours spent in this hut and the many concerts by the concert parties from England and army divisions.

July 3rd, 1916, brought a change in the quietness of the hospital. The battle of the Somme had begun, 8374 patients being admitted during the month. July 10th, 836 were admitted and 420 evacuated. Large convoys daily in August. The battle of Vimy Ridge also brought many casualties. April 18th, 1917, over 200 were in hospital, and large convoys were received daily durng the month. These figures will show the work there was to do during the many large battles.

The following figures may be interesting: Number of patients admitted to hospital, 1915, 3,039 (August to November); 1916, 35,640 (January to December); 1917, 48,465 (January to December); 1918, 42,191 (January to December); 1919, 4,233 (January to March); detained for the night, 9,684. Total, 143,252. Total number operations performed, 11,395. Number returned prisoners of war (Nov., 1918), 1,533.

The personnel was increased after the first year, the number of nursing sisters allowed for a 2000-bed hospital being 112. The number actually on duty varied with sickness or leave, and when the great battles were raging, several would be sent to reinforce the nursing staff of the Casualty Clearing Stations near the firing line, returning when their services were not required.

The cheerfulness of the patients was remarkable, which helped those who were attending them to carry on and endure the sights and suffering caused by enemy guns. A large wound would be called "a scratch," and the usual remarks were, "Have I a blighty?"; "It's good to 'get between sheets'"; "Give me a fag"; etc. During the battle of Vimy Ridge we received many Canadians, and they were one and all jubilant over their wonderful achievement. It was a great privilege to get our own soldiers, but the Imperial, Australian, New Zealand and South Africans were all alike, brave and uncomplaining, and all felt it an honour to minister to them.

During 1918 the visits of the Hun by aeroplane were very frequent.

My diary records about 40. The anti-aircraft guns, with deafening boom, kept him at a distance, but did not prevent him from dropping bombs dangerously near our hospital, and often casualties from the raids were brought into our hospital. During these visits all were supposed to "take cover," as the shrapnel and unexploded bombs were dangerous. Several times "duds" fell in our grounds, and, on one occasion, part of the shell casing crashed through the roof of the ablution hut and buried itself in the concrete floor. During an air raid in March, 1918 a bomb was dropped in our hospital grounds, tearing an immense hole. Windows were broken in the hospital huts and in the sisters' quarters; there were no casualties, as the trees and stone wall afforded protection to the huts. In August, 1918, bomb-proof dugouts in the sisters' quarters were completed. These were excavated through rock and clay, and three entrances were protected by sand bags. Forty steps connected these entrances with the chamber, which accommodated about 200. Sisters off duty were supposed to remain in the dugouts until the "all clear" was sounded.

The work of the Red Cross cannot be too highly praised. Its help to the hospital was incalculable. There was no need it could not supply, and the feeling that we had only to ask to receive was cheering in these days when our hospital was full of the recently wounded. The Matron had charge of the Red Cross supplies and was responsible to the officer commanding the hospital. Indents as required were forwarded to the Canadian Red Cross stores at Boulogne, and the cases received were placed in the Red Cross stores on our own grounds. Indents were submitted to the Matron daily by the sister in charge of each ward, who distributed the articles received when needed.

Among the thousand and one useful articles were socks, pyjamas, sweaters, pneumonia jackets, dressing gowns, utensil bags, bandages, dressings, etc., etc., etc., and, of course, the most appreciated by the patient were the cigarettes, chocolates and gum. A "fag," when a large and painful wound was being dressed, seemed to help him keep his nerve.

The cases of apples, oranges, jam preserves, canned peaches, jellies, etc., deserves honourable mention. Each apple was wrapped with tissue paper and packed with greatest care, so that they arrived in perfect condition, and the jams, jellies and preserves showed the same loving care. I am sure the women who prepared these delicacies felt that possibly a husband, son, brother or sweatheart might receive a portion of his favorite preserves. The devotion of our noble women at home will never be forgotten, and each one deserves the "Well done, good and faithful servant."

Just a word about the nursing sisters with whom I had the honour and pleasure of being connected. About 400 had duty for long or short periods with No. 3 Canadian General Hospital. The sisters' one thought when on duty was the comfort of their patients, and many francs of their own money were spent for delicacies for the seriously ill and treats for

the convalescents. These attentions helped them to forget for the moment their horrible experiences. There were many inconveniences to put up with, and often the hours were long and work heavy. Night duty on active service, which came about every three months, was most difficult and nerve racknig, especally during the long, dark, stormy night. The convoys of sick and wounded usually arrived during the night, also the evacuation to England took place. During the long battles the night nurses often had 100 or more heavy surgical cases under their care, and these had to be watched vigilantly for haemorrhage and gangrene. Often these duties were performed with the enemy plane overhead, amid the deafening noise of our own anti-aircraft guns. The only light allowed was a shaded lantern until the "all clear" was sounded. The courage of the sisters on these occasions was remarkable and won the admiration and respect of the patients. In the Great War the nurse was truly "a ministering angel", an inestimable source of comfort to the "broken soldier" in his hours of suffering, "even unto death." Our days over there were not all work and no play. Durng the quiet times the sisters had extra time off and availed themselves of the opportunity of visiting the neighbouring towns and lovely valleys near the hospital. They also derived a great deal of pleasure from the tennis court and the occasional dances in the Red Cross recreation hut. Our own officers and many from the line who were at Rest Camp attended, and all were better for these diversions. And there was the two weeks' leave about once a year to England, Scotland, Ireland, and later to Paris and the south of France, which refreshed and invigorated. The health of the sisters was excellent, considering the strain and the periods of pneumonia and influenza epidemics when the wards were full of infection. We left two of our sisters sleeping in the land of poppies. One of our original staff is "asleep in the deep" with those brave souls who stepped into immortality when the Llandovery Castle was torpedoed. The ineffable sadness of the haunting notes of the "Last Post" at the graves of our well beloved will never be forgotten, and in these days of "Peace on earth" our thoughts are often of those who

"Short days ago, lived, felt dawn,
"Saw sunsets glow, loved and were loved."

At the Nurses' Home, Montreal General Hospital, on the afternoon of May 26th, a Memorial Tablet in honour of Nursing Sister Mildred Hope Forbes, R.R.C., was unveiled by Miss M. C. Macdonald. The service was conducted by Lieut. Colonel, the Rev. Canon Almond, C.M.G.

In further memory of Miss Forbes, a scholarship at McGill University for post-graduate nurses of the Montreal General Hospital was given by her life-long friend, Mrs. Norman Wilson, of Ottawa. Thus will the name of Sister Mildred Forbes, of revered memory, be honoured in perpetuity at McGill University and the M. G. H.

Matron G. Pope, R. R. C., who has spent the winter in Italy, is expected at Charlottetown, P. E. I., shortly.

Principal Matron E. B. Ridley, C. B. E., R. R. C., has for the time being forsaken her Welsh pony farm to spend the summer in Canada. On arrival at Quebec, Miss Ridley was met by Col. and Mrs. J. T. Clarke, Matron-in-Chief Macdonald and Matron V. Tremaine, R. R. C.

Nursing Sister (Mrs.) E. A. Jones has been visiting friends at Quebec.

Nursng Sister H. Meiklejohn spent a recent holiday with her sister, Mrs. Warren Lyman, at Ottawa.

Miss L. Flora Fraser has returned to Halifax after a six months' visit to Bermuda. She notes that Nursing Sister Alice N. Johnston, graduate of the Toronto General Hospital, whose home is in Dartmouth, N. S., is on charge of the Government Hospital, Pembroke, Bermuda. —the King Edward VII. Memorial Hospital. She was a sister of the Dalhousie Unit for sometime Overseas. Her staff consists of English graduates and Bermudian undergraduates. Unfortunately the standing of these students after graduation is not recognized outside of Bermuda, which condition Nursing Sister Johnston is tryng to improve.

Matron K. McLatchey, of the Station Hospital and Sister J. M. Hubley of the Public Health Department of Halifax, have been visitors to Bermuda.

Hospitals and Nurses

PRINCE EDWARD ISLAND

CHARLOTTETOWN.

The annual meeting of the Graduate Nurses of Charlottetown and Summerside was held May 9th, 1922, at the Victoria Hotel. The formal meeting was preceded by a banquet, after which the following officers were elected: Hon. President, Miss A. M. Ross, Superintendent of Prince County Hospital, Summerside, P. E. I.; President, Miss Bessie Beer; Vice-President, Miss Mamie Profitt; Secretary, Miss Ora B. Profitt, P.E.I. Hospital, Charlottetown; Registrar, Miss A. M. Ross. A vote of thanks was passed to Messrs. E. T. Higgins, G. Gavin Duffy, and M. McKinnon for their services in passing the act of incorporation. The speakers at the meeting were all enthusiastic and showed every indication that the association will be successful in organizing the nurses in Prince Edward Island into a live, progressive organization. The association had as their guests the graduating class of the P. E. I. Hospital for 1922. It was decided to hold the annual meeting for 1923 at Summerside, when they could entertain the class of the Prince County Hospital.

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NOVA SCOTIA

The bridge party given earlier in the spring by the Nova Scotia graduate Nurses' Association in aid of the provincial war memorial fund added three hundred dollars ($300.00) to it, and the nurses propose to endow a cot in the Children's Hospital, Halifax. It was held at the Waegwoltic Club and was most successful in every way. Much credit is due the committee of arrangements.

NEW BRUNSWICK

A rummage sale was held in the Y. W. C. A. recreation centre by the St. John nurses, the proceeds to go towards the National Memorial.

To Mr. and Mrs. R. G. Schofield (Miss Georgia Collins, St. John G.P.H., 1909), a daughter, on April 28th, 1922.

Miss Elva Stairs has resigned from the nursing staff of the Victoria Public Hospital at Fredericton, and will leave for the West early in June. She will represent the N. B. A. G. N. at the annual meeting of the C. N. A. of trained nurses.

Miss Victoria I. Winslow, graduate of the Winnipeg General Hospital, 1919, has been appointed Superintendent of the Victoria Public Hospital, Fredericton, N. B. She will take over her duties on June 30th.

Miss Frances Stanley and Miss Grace Finley have resigned from the nursing staff of the G. P. H., St. John, and Miss Maida Hoyt, graduate of the Chipman Memorial Hospital, St. Stephen, and Miss Jessie Patterson, graduate of the G. P. H., 1916, have been appointed to fill these vacancies.

Miss Belle Howe, R. N. (G.P.H., 1911), is doing hospital extension work in the St. John General Public Hospital.

Miss Mary Murdoch, R. N., and Miss Lillian Shand, R. N., have completed a course in public health nursing at Toronto, and at present are visiting their homes in St. John.

At the residence of Mrs. C. B. Richards, Fredericton, the local branch of the Graduate Nurses' Association were hostesses at afternoon tea in honor of Miss Elva Stairs, acting superintendent of the Victoria Hospital, (Fredericton), when Miss Stairs was presented with an onyz and pearl brooch and little finger ring to match. Miss Stairs, who is severing her connection with the institution, is leaving early in June on a trip to the Pacific Coast.

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QUEBEC

MONTREAL

The regular meeting of the Association of Registered Nurses for the Province of Quebec was held in the Western Hospital, Montreal, on Saturday, May 30th, at 3 p.m. After the reading of the minutes and other routine business, Dr. Bourne gave a most interesting address on "Anesthesia." Miss Burch showed a number of trays which are used in the Hospital, and described their contents and uses.

The president, Miss F. M. Shaw, spoke of the Scholarship which this association had given for two years, and asked that applications be sent to the Secretary-Treasurer not later than July.

A hearty vote of thanks was tendered Miss Craig and Miss Burch, and the visitors were invited to inspect the hospital and nurses' home.

WOMEN'S HOSPITAL TRAINING SCHOOL FOR NURSES.

The graduating exercises of The Women's Hospital Training School for Nurses, Montreal, were held on May 10th, 1922, when four young women, having completed their courses, were awarded the diploma and pin of the school. Dr. Riddy, chief of the medical staff, gave the address, and Miss Trench, Lady Superintendent, pinned the class pin on the following graduates: Mrs. L. Swift, Lancashire, Eng; Miss Sadie Dewar, Vankleekhill, Ont; Miss Lucy Robinson, Glasky, P. Q.; Miss Annie Frost, Norwich, Eng. A large number of guests were present to enjoy a very successful musical programme, after which refreshments were served and dancing and cards indulged in.

Miss MacPherson, graduate of The Women's Hospital, Montreal, is ill with rheumatic fever.

MONTREAL R. V. H.

Miss Mary Lawson (1922) has accepted a position in the nose and throat department of the Boston Dispensary.

Miss Vivian Freeze (1920) has been awarded the R. V. N. scholarship for the School for Graduate Nurses, McGill University, this year and will take the course for administrators.

Miss Velma MacMillan (1917) is at present doing school nursing in Alberta.

Montreal General Hospital

At the May monthly meeting of the M. G. H. A. A., Cannon Shatford of this city gave a most interesting address on "Dickens." This closes the meeting for the summer, to be held again in September.

Miss C. Barrett, Lady Superintendent of Montreal Maternity Hospital, is spending a six-week's holiday at Chambly Basin, P. Q.

Miss S. Milton is engaged in private nursing at her home in Kingston.

Miss Hazel Blenkinsop sails shortly on an extended trip to England.

Miss Farol Armstrong (class '20) is engaged in private nursing in Philadelphia, Penn.

Miss Augusta Lambert (class '19) has gone to Ottawa to take a three months' course in the Victorian Order of Nurses.

Mrs. P. C. Kirkpatrick (Edith Tanner, class '16) and family changed their place of abode from Niagara Falls, Ont., to Great Falls, Mon.

The engagement is announced of Miss Winnifred Gordon (class '14), of Ottawa, to Mr. Harry Plant of the same place.

Misses Martha Armstrong and Frances Reid graduated from the School of Graduate Nurses at McGill University, the latter passing with honors.

Miss Marion Elliott has returned, after a two months' trip to the West Indies with a patient.

Miss Margaret Codere (class '22) is doing industrial nursing with the Canada Cotton Mills, Valleyfield, P. Q.

Miss Adelade Whitney (class '17), sailed May 8th on SS. Scandinavian on a two months' visit to relatives in England and Ireland.

Miss M. E. Young represents the M. G. H. A. Association and the Province of Quebec, concerning the Nurses' War Memorial, at the national convention of the C.A.N.E. and C.N.A.T.N. held in Edmonton, Alberta, June 19th to 24th.

Mrs. Yensen, who has lately taken a course at the school for Graduate nurses at McGill University, is now on social service staff in M. G. H., Outdoor.

Helena, daughter of Lady Orr-Lewis (nee Miss Maude Booth, class '94), of Montreal, was married recently in London, England, to Sir Albert Stern.

In last month's items the name of Miss Lillian Tracy was used instead of that of Miss Helen Tracy.

Miss Murial Hill (class '22) has gone on an extended tour of Europe with friends.

Miss Pauline McCarthy (class '17), who has been in charge of the operating room, Deaconess Hospital, Buffalo, N. Y., has accepted a position in the Highland Hospital of Rochester, N. Y., in the same capacity. Miss M. M. Pharaoh (class '17) will shortly take up her work there as night superintendent.

Miss J. Murphy, who is in charge of the Outdoor Department of the M. G. H., recently visited these departments in different hospitals in Boston and New York. The M. G. H. Outdoor received 130,000 patients last year, with the expectation of 150,000 this year.

The M. G. H. Memorial Fund is still swelling: Graduates' individual subscriptions, $1,263.00; small bridge by some of nursing staff, $65.00; nine nurses of graduating class dance at Ritz-Carlton, $234.00; four nurses of graduating class concert at M. G. H., $215.00; M. G. H. nurses, up to date (June 10th), $1,777.00

Mr. Evans, who has been in the employ of the M. G. H. for 22 years as Secretary, has accepted the position as Superintendent of Western Hospital of this city. He was always a great favorite and friend of the nurses, and with his departure the graduates have shown their appreciation of his former kindness to them by presenting him with two beautiful silver trays, of graduated size, appropriately engraved.

The graduating exercises of the 1922 class took place in the dining-room of the hospital in the afternoon of June 6th, when Misses Libbie Aird, Edna Barnes, Eva Bertrand, Shirley Bowen, Helen Bradley, Dorothy Bullis, Marie

Buss, Jean Chisholm, Margaret Codere, Gertrude Cooke, Gertrude Dovey, Jessie Dunlop, Edith Dutton, Claudia Gardiner, Marie Gibbons, Muriel Hill, Clara Jackson, Eleanor Journeay, Ina Kelly, Dema Lathe, R. Irene Leslie, Minnie Lineham, Vivian Lockhart, Margaret MacDonald, Christina MacKay, Grace MacKay, Francisca McNeil, Irene Markham, Clara McCrea, Margaret Middleton, Hazel Miller, Agnes Murphy, Beatrice Preston, Evelyn Powers, Stella Ross, Lillian Ross, Annie Seamen, Madaline Scott, Jean NanVliet, received their diplomas, medals and prizes. Addresses were made by the President, Col. Herbert Molson, C. M. G., and Dr. A. T. Bazin, after which refreshments were served to a large number of friends and relatives of the graduates. The same evening the Alumnae Association honored the class by a dinner at the Ritz-Carlton.

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ONTARIO.

BILL

His Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

1. This Act may be cited as The Registration of Nurses Act, 1922.
2. Subject to such rules and regulations as may be prescribed by the Lieutenant-Governor in Couincil for the purposes of this Act:
   (a) A training school for nurses may be established, maintained and conducted in any hospital, sanatorium or sanitarium.
   (b) A graduate nurse of such training school may be entitled to registration in a register kept for that purpose under the direction of the Provincial Secretary, and a person, while so registered, may be designated "Registered Nurse." R.S.O. 1914, c 300, s. 18.
3. Unless so registered, no person shall use the title "Registered Nurse," either alone or in combination with any word or words or any name, title or description implying that he or she was registered under this Act, and any person contravening the provisions of this section shall incur a penalty not exceeding $100.00, which shall be recoverable under The Ontario Convictions Act.
4. The Lieutenant-Governor in Council may, from time to time, make rules and regulations for the carrying out of the provisions of this Act; and may, if he deems advisable, appoint a Board and any officers to advise and assist in the administration of this Act, and may prescribe their duties and powers, and the period for which they shall continue in office.
5. Section 18 of The Hospitals and Charitable Institution Act is hereby appealed.
6. This Act shall come into force and take effect on a day to be named by the Lieutenant-Governor by his proclamation.

The Re-Union of the Graduates of the School for Nurses, Toronto General Hospital.

Recently 500 graduates of the Toronto General Hospital attended a reunion banquet at the King Edward Hotel and entertained the graduating class of 1922. It was an event unique in the nursing profession; the graduates came from all parts of the Dominion, and letters and telegrams were received

from graduates in our own and other countries who were unable to attend. The class of each year dined together at tables attractively decorated with purple iris and yellow tulips—the school colors. Miss Hickey, President of Alumnae Association, and with her at the head table were the guests of honor, Miss Snively, First Superintendent of Nurses, Toronto General Hospital; Miss Gunn, present Superintendent of Nurses; Miss Locke, Assistant Superintendent; Miss Dickson, President of the Canadaian National Association of Trained Nurses; Mrs. McPherson, Mrs. Driver, Miss Caroline Ross, Miss Batty, Mrs. G. T. McPherson, and Miss Gibson, who was one of Miss Snively's earliest graduates.

The graduating class of 1922 received a great ovation as they filed in, a lovely picture of radiant and enthusiastic youth. Then for a few moments a silent hush pervaded the crystal ball-room while Miss Snively, Canada's well beloved pioneer nurse, once again, as in the olden days, invoked the blessing of the Most High upon the nurses.

During the dinner the group of each year appeared to be entirely engrossed in reminiscence of student days and subsequent events; with joys unspeakable friend greeted friend, in some instances after a lapse of many years, with glad and instant recognition; but occasionally a touch of pathos was added to the scene, when one could only with difficulty become reconciled to the change wrought by the stern hand of Time and the more relentless hand of the stern law of the nursing profession.

The enjoyment of the evening was greatly enhanced by the clever and witty toast mistress, Miss Caroline Ross; her speeches sparkled with wit and humour and valuable advice, addressed especially to the graduating class, but the indomitable courage and high spirits of one who has been in active service for a number of years was a source of encouragement and inspiration to all present. Miss Snively (very worthily named "The Florence Nightingale of Canada") responded to the toast "Our Alma Mater,' leading the nurses for a time to past days and emphasizing the bond which must forever exist between graduates of the training school; reminding us that "friendships cemented by such varying experiences must defy the lapse of time." Her address to the graduating class was very beautiful, an appeal for the very best and highest interests of the profession, "Let not mercy and truth forsake thee—bind them about thy neck, write them upon the table of thine heart." Miss Snively assured the class that "the prestige of their Alma Mater had been achieved by the loyalty, sacrifice and courage of the women who, from generation to generation, served and loved her so faithfully," and closed with the eloquent appeal, "To you from failing hands we throw the torch, be yours to lift it high."

The nurses greatly regretted the absence of Miss Robina Stewart, who succeeded Miss Snively and was for about two years Superintendent of the Training School. Miss Stewart was indefatigable in her efforts on behalf of the school and won the hearts of the nurses by the zeal and genius with which she labored, particularly during the very trying ordeal of moving from the old hospital to the new. Miss Stewart will ever occupy an honored place in the memory of the graduates of the Toronto General Hospital.

As Miss Gunn rose, responding to the toast to the training school, the room resounded with very hearty and enthusiastic applause, a very decided testimony of the love and appreciation of the nurses for their present superintendent, who for the past ten years has so completely devoted herself to the advancement of the school. Miss Gunn gave a very interesting history of the origin of the hospital. At the close of the war of 1812, medals intended for war veterans were placed for distribution in the care of a society then in existence, known as the Loyal and Patriotic Society. A great deal of prolonged discussion and argument arose between officers and privates concerning the medals, and finally Alexander Ward, a prominent member of the society, becoming weary of the fruitless controversy, employed a blacksmith to hammer the medals to a mass, which was then sold and the proceeds devoted to the commencement of a small hospital, later known as Toronto General Hospital. One of the medals, which has been kept in possession of the hospital, was exhibited after dinner. It is very heavy, about the size of a silver dollar, and depicts an eagle hovering in a threatening attitude above a beaver, while at a little distance a couchant lion quietly guards. Miss Gunn gave a very interesting resume of the progress of the hospital since that time, showing by statistics the superb effort that has been made to meet the ever increasing demand of the times. The address to the graduation class was a delightful

combination of professional interest and personal affection, and the lines with which Miss Gunn concluded her remarks, and which for many years have been kept in the office of the training school, are indicative of the spirit of our Alma Mater.

"Tis weary watching wave by wave,
And yet the tide heaves onward;
We climb like corals grave by grave,
But beat a pathway upward;
We're driven back in many a fray,
But never strength we borrow,
And where our vanguard rests to-day
Our rear shall rest to-morrow."

A very beautiful reply was made to the toast to the absent graduates by Miss Batty, President of the Graduate Nurses Association of China. Some of our members were detained by illness; some in distant parts of our own and other lands, and many have made the supreme sacrifice. Miss Batty expressed the confidence of all in our absent members, in the firm belief that in whatever land or circumstances they were placed, they would be found faithfully guarding duty's sacred fires. But for many present the wonderful pleasures of the evening could not wholly compensate for the loneliness of the vacant chairs.

Miss Murphy, of the graduating class of 1922, responded in a few well-chosen words to the toast to the graduates. She expressed the class of 1922 proud of the high standards handed down by their predecessors, and added that it would be their earnest desire to protect the honour of their heritage.

Votes of thanks were presented to Miss Hickey, Mrs. Aubin, Miss Pearson and Miss Caroline Ross, to whose efforts a great measure of the success of the function was due. The programme was concluded by an informal reception.

(Signed), ADDIE McQUHAE.

TORONTO.

On Monday, May 29th, an opportunity to renew old acquaintances was afforded the graduates of St. Michael's Hospital Training School, when the Alumnae Association entertained at a reunion dinner in the Carlsrite Hotel. Every class from the first, of 1892, was represented. Miss J. B. O'Connor was an admirable toastmistress, and after dinner proposed the first toast to "The King." Other toasts were "Canada," "Our Guests," "The Graduating Class," "Sister Associations," and "The School." Miss Dolan sang during the evening and M. Jules Brazil gave some entertaining songs and stories, contributing largely to the success of the dinner. The guests were Miss Mary Power, Miss Mary O'Brich, Miss M. Ewing, Mrs. J. C. Wardle, and Miss M. L. Hart. Miss Cahill, the President of the Alumnae Association, Miss O'Connor and her committee, are to be congratulated for the enjoyable time provided.

Mrs. J. A. Johnston (A. Mary Roberts, T. G. H.), of Smith's Falls, who was in town for the dinner given by the graduate nurses of the Toronto General Hospital, was the guest of her mother, Mrs. Wm. Roberts, 50 Columbine Ave.

Miss Clara J. Burnett (T. G. H.) entertained Mrs. Buchanan, of Galt, (Josephine Lundy, T. G. H.), Mrs. J. A. Johnston, Smith's Falls, and several city nurses at the tea hour on Thursday, May 25th.

Miss Marion E. Hall (T. G. H.) had a small dinner for Mrs. J. A. Johnston, of Smith's Falls, as also did Miss Carolyn Ross, who took her guests to the theatre.

NURSES' MEMORIAL FUND BENEFITED BY SALE.

Members of the Riverdale Isolation Hospital Alumnae held a very successful sale of home-made cooking, candies, lingerie, caps and numerous other attractive articles at the Graduate Nurses' Club yesterday afternoon. Tables were arranged in the board room, which was decorated with quantities of lilacs and snowballs. Mrs. Paton had charge of the home-made cooking and Miss Ray shields the needlework. Mrs. Hodgson, Miss Whitlan and Mrs. Dawson looked after the needs of the guests at the tea hour, when refreshments were served at small tables on the lawn. In the evening a delightful musical programme was given. The proceeds will go to the Nurses' War Memorial Fund.

Toronto General Hospital.

The class of 1911 gave a hearty welcome to Mrs. George Gray, Sault Ste. Marie, who was their valedictorian at the alumnae luncheon of their year.

Mrs. A. E. Bolton, a former head nurse and night supervisor in 1894-1895, came from Hudson, N. Y., to meet her many friends and class mates at the T. G. H. re-union.

Miss Frances Sharpe, lady superintendent of the General Hospital, Woodstock, was in Toronto for the re-union.

Miss Marie Snell (class 1899) came over from Hamilton for the dinner.

Mrs. Tine (A. White, '92), in company with Mrs. Charles Bird, '94, motored from Gananoque for the re-union and remained over for the graduation exercises at T. G. H. on May 25th, 1922.

The T. G. H. alumnae felt a great honor in having with them, as the representative of their Alma Mater absent graduates, Miss Leila Batty (class of 1891), who, since she left the training school, has been one of the pioneer workers in China, and returns to us now as President of the Graduate Nurses' Association of China.

Mrs. John McAllister (Edyth Black, 1900) was the guest of Miss Carolyn Ross (1900) during re-union week.

Miss E. McP. Dickson (1905), President C. N. A. T. N., was a guest of honor at the head table of the T. G. H. re-union.

To the class of 1918 belongs the honor of having the greatest number of their members present, forty of the class sitting down to a small re-union all their own. The classes of 1916, 1917 and 1919 followed closely with 36 members in each year being assembled.

Mrs. Leeming Carr and Mrs. John Munro (1889) came from Hamilton to be greeted by many of their classmates of those by-gone years.

Mrs. A. Brown, nee Margaret Cruikshank, (1893), was a very welcome guest amongst her class mates.

Mrs. A. E. Dolson was successful in getting together a goodly number of the class of 1908.

Every class since the first class graduated under Miss Snively in 1886 was represented at the re-union dinner of the T. G. H.

Miss Mabel Thompson, of Sarnia General Hospital, was the guest of Mrs. Hillary Aubin for re-union and graduation on the 25th of May.

At the annual meeting of the T. G. H. Alumnae, after all business, etc., had been concluded, and before adjourning for refreshments, a pleasing little affair took place when Miss Janet Neilson (1897), in a neat little speech given in her own inimitable way, presented Miss Carolyn Ross (1900), toast mistress at the re-union dinner, with a dainty gold bar pin, set with agua marine and pearls, as a slight token of appreciation from the committee and the alumnae.

Ottawa

The graduation exercises of the Lady Stanley Institute, Training School of the County of Carlton General Protestant Hospital, Ottawa, was held May 25th, 1922. Rev. W. T. Brown pronounced the invocation and Dr. J. F. Argue addressed the nurses. The general proficiency prize, given by Mr. Hossack, and won by Miss E. Young; Practical Nursing, given by Dr. D. M. Robertson, won by Miss L. Luteman; Lady Stanley Institute A. A. prize, won by Miss Ruth Stevenson. Boquets were presented to Miss Catton, Mrs. Finnie and Mrs. Perkins. Miss Young, honor graduate, read the valedictory. After the exercises, tea was served to the guests, and later a surprise dinner for the graduates.

Guelph.

The Bible class of the Guelph General Hospital held a very successful bazaar at the Nurses' Residence April 20th, at which one hundred and fifty-six dollars and fifty-one cents ($156.51) was realized.

The student nurses subscribed fifty dollars ($50) to the National Memorial Fund.

Miss A. L. Schaefer, class 1921, now on the staff of the Guelph General Hospital, goes to Chicago in June to take post-graduate work in surgery York, where she will take the summer course in "Teaching of Nursing Principles and Methods."

Miss L. McKenzie, class 1921, also of the staff of the Guelph General Hospital, left for Chicago in June to take post graduate work in surgery at the Presbyterial Hospital

Miss E. Broughton, class 1922, will join the staff of the Guelph General Hospital for the summer.

At the April meeting, the Board of Directors of the Guelph General Hospital very generously decided to give, annually, a scholarship of $400.00 to a student who has shown general efficiency and a desire for advanced study in executive work, teaching or public health.

The annual graduation of the above school, class 1922, took place at the Nurses' Residence on Wednesday, May 31st. The following nurses will receive diplomas: Misses E. Broughton, H. Broughton, L. Sprowl, L. Hough, A. Henderson, I. Lane, P. McDonald, H. Beam, V. Eidt, and E. Sparling.

London

It was decided at the May meeting of the Victoria Hospital A. A. that the cot in the Children s Memorial Hospital, endowed by the association, will be known as the Margaret Stanley cot, and have this engraved on a bronze plate. Miss Stanley was for many years honorary president of the Alumnae Association. Work has begun to raise the sum required for the Memorial Fund of the C. N. A. T. N., and Mrs. Walter Cummins, 95 High Street, London, has expressed her willingness to receive contributions for this purpose. The whole membership of the Alumnae enrolled themselves on the Red Cross Emergency corps, to be handled by the Ontario Association through the local secretary, Miss Beatrice Smith.

The annual picnic which always closed the year's activities will be held June 3rd, probably at Springbank Park.

The Alumnae entertained the Graduating Class, 1922, of Victoria Hospital at a theatre party on May 15th, followed by a banquet. About 100 nurses were present and thoroughly enjoyed the delightful social time.

Thirty-four members of the 1922 class of the Victoria Hospital received their medals and diplomas at the hands of Col. Gartshore, Chairman of the Board, on May 18th, 1922. Splendid addresses were given by Dr. A. J. Grant and Col. Gartshore, following the invocation by Rev. Quentin Warner, and a delightful musical programme. A reception and dance, given in the evening at the Medical School Auditorium, concluded the graduating exercises for 1922.

The Committee of the War Memorial Hospital for Children is engaged in raising sufficient money for a hospital of 100 beds, with an out-patient department with special arrangements for child clinics and instruction of mothers. The Board of Trustees of Victoria Hospital will be responsible for the administration of the children's hospital.

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MANITOBA

Brandon

The monthly meeting of the Brandon Association of Graduate Nurses was held as usual on the first Tuesday in the month, Mrs. Barager, First Vice-President, in the chair. At this meeting the following decisions were made: That money which was collected for hospital purposes should now be given to the new maternity section of the Brandon General Hospital; that Miss S. P. Johnston should represent this association at the annual convention of the C. N. A. T. N. at Edmonton, with full powers to vote that a reception be held in honor of the graduating class of the Brandon General Hospital, and that we accept Mrs. Barager's invitation to hold this at her home on June 17th.

An interesting letter was read from Miss Haddock, West China. She asked if this association was willing that money donated for the training of a nurse be used for a male nurse, as at present there are difficulties in the way of training a native girl. It was decided that Miss Haddock be asked to use her own discretion in this matter.

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SASKATCHEWAN

All arrangements for the fifth annual convention of the Saskatchewan Registered Nurses' Association are well under way, and copies of the programme will be mailed to each of the members at an early date. The convention is to be held in Prince Albert on Thursday and Friday, June 15 and 16 The local committee has made very happy arrangements for the entertainment of the visiting nurses, and the association is especially fortunate in that Miss E. MacP. Dickson, the President of the C. N. A. T. N., has been able to come to Prince Albert in advance of the dates set for the national convention, and will address the nurses.

The plans for the two weeks' summer session for nurses at the University of Saskatchewan are completed, and it is expected that a part of the course as planned in "Teaching Methods in Training Sshool for Nurses" will be covered this summer. For definite information nurses are advised to write to the secretary of the Registered Nurses' Association, 2331 Victoria Avenue, Regina.

Saskatoon

Hospital day was observed in the Saskatoon City Hospital by a Reception in the nurses' home during the afternoon, while in the evening the graduation exercises were held in Regent Pavilion. Following a short musical programme, addresses were given by the Mayor, by Rev. J. Donnell, and members of the hospital board. The diplomas were presented by Mrs. J. O. Hettle, and the medals pinned on by Miss E. M. Turner, the Lady Superintendent. The following are the names of the graduating class: E. M. Simpson, Battleford; H. I. Ross, Hawarden; Joan Allen, Regina; Thirza Craig, Laporte; R. E. Gruhlke, Luseland; N. G. Noble, Wistow, England; S. G. Scott, Junita; E. M. Sproule, Saskatoon; A. E. Scott, Winnipeg; K. F. Maclean, Saskatoon; J. A. Goodfellow, Kinley; J. C. Grant, New Glasgow, N. S.; M. S. Gowan, Long Beach, California.

At the annual meeting of the Saskatoon Graduate Nurses' Association, held at the City Hospital Nurses' Home, the following officers and councillors were elected for the ensuing year: Hon. President, Mrs. W. Pulley; President, Mrs. Alden Johns (Guelph General Hospital, 1918); Vice-President, Mrs. J. Hunter (St. Paul's Hospital, Saskatoon, 1918); Secretary-Treasurer, Mrs. H. N. Lamont, (Saskatoon City Hospital, 1918); Councillors, Mrs. L. C. Webb, Mrs. I. I. Murray, Mrs. J. Gibson, Misses Freethy and Meddins. The sick visiting committee consists of Miss Rita Galbraith and Miss Gardiner. Representatives to the local Council of Women, Mrs. A. Johns, Mrs. W. Pulley, Mrs. Donald and Miss Lemky. Press representative, Mrs. C. H. Clark. Representative to the "Canadian Nurse," Mrs. A. Johns; Social and Programme Committee, the Misses Cameron and Mrs. A. Causgrove. Regular meeting first Thursday of the month. The Association will be represented at the National Graduate Nurses' Association annual meeting in Edmonton, Alta., by Miss E. M. Turner, Matron of the City Hospital. Miss Helen Cameron was named the delegate to the annual meeting of the Provincial Convention of the Registered Nurses' Association to be held in Prince Albert, June 16th. Refreshments were served after business.

Fort Qu'Appelle

The Nurses' Home of the Saskatchewan Sanitarium was formally opened by Lieutenant-Governor Newlands on Monday evening, May 15th. Short addresses were made by Mr. A. B. Cook, President of the Saskatchewan Anti-Tuberculosis League and newly appointed Superintendent of the Sanitarium; by Dr. R. G. Ferguson, Medical Superintendent of the Sanitarium, and by Dr. M. M. Seymour, Commissioner of Public Health. Miss Mary Montgomery, R. N., Lady Superintendent, in a few well-chosen words, expressed to the Board of Directors the appreciation of the nursing staff of the beautiful home which had been provided for their comfort. The guests were received by Mrs. R. G. Ferguson and Miss Montgomery. Among those in attendance were: His Honor, the Lieutenant-Governor and Miss Newlands, and Captain Allard, A. D. C., members of the Board of Directors

and their wives, representatives of the Provincial Government, and many friends from Fort Qu'Appelle, Regina, and other parts of the province. Following the formal declaration of the Lieutenant-Governor that the home was "open," dancing and cards were indulged in, and later dainty refreshments were served. The home was open for the inspection of the visitors, and was declared to be perfect in all its details, and one of the very finest nurses homes in Canada.

REGINA.

The graduation exercises of the Regina General Hospital were held in the city hall auditorium on Wednesday, May 10th. The sixteen graduates, arms filled with huge boquets, followed by the nurses-in-training and the members of the graduate staff, made a very pretty picture as they entered the hall. The chairman of the Board of Directors presided, and after a brief address invited Dr. Stephens, the chairman of the Teaching Council, to address the graduating class. The Nightingale pledge was administered by the Rev. Murdoch MacKinnon, and the Diplomas presented by Lieutenant-Governor Newlands. The medals were pinned on by the Lady Superintendent, Miss Margaret Garrow, assisted by Miss Ross, while the special prizes and medals were presented by Miss Newlands.

The nurses to receive their diplomas were: Luella M. Thompson, Francis; Evelyn V. Kidd, Fairmede; Elizabeth Farquharson, Aberdeen, Scotland; Lillian Seale, Melfort; M. Elvina Trew, Lemsford; Violet A. Weston, Lorlie; Eva Blakely, Bagley; Ella J. Ferguson, Gravenhurst, Ontario; Dorothy R. Wilson, Major; Florence M. H. Stewart, Kelliher; Verna P. Ansley, Brownlee; Margaret C. Waddell, Milestone; Muriel M. Purdy, Regina; Margaret C. Campbell, Lajord; Jessie R. McGhie, Oak Lake, Manitoba; Elizabeth D. Lindsay, Moosomin.

Hospital day was observed by both the Regina General and the Grey Nuns' Hospitals. The hospital and home were thrown open to visitors, who attended in large numbers. The collegiate girls had been especially invited, and were conducted through the hospital in groups by the Supervisors.

On the evening of Hospital Day, the graduation exercises of the Grey Nuns' Hospital were held in St. Mary's hall, which was tastefully decorated with the school colors, Garnet and gold. Dr. A. S. Gorrell, the chairman, gave a short address, while the work of the hospital was reviewed by His Grace Archbishop Mathieu and by Dr. M. M. Seymour. The Rev. Father MacMahon, of Campion College, made the address to the graduating class. The diplomas were presented by His Honor, Lieutenant-Governor Newlands, who also administered the Nightingale pledge. Miss Newlands presented the school pins and special prizes.

The following nurses received their diplomas: Elizabeth McQuatt, Sintaluta; Irene Wallace, Weyburn; Angeline Dionne, Estevan; Liane Tourigny, Forget; Montana Whattam, Colgate; Mrs. Florence Simpson, Moose Jaw; Alice Thompson, Saskatoon; Jean Harty, Sedley; Mrs. Agnes Tanney, Fort Qu'Appelle; Marion Weeks, Regina; Luella Henry, Whitewood; Ivy Weston, Lemberg.

* * * *

ALBERTA

EDMONTON

The Edmonton Overseas Nursing Sisters' Club held their annual meeting at the home of Mrs. J. Lee on May 11th. The following officers were appointed: President, Miss E. Robinson; Vice-President, Miss Jessie Chinneck; Secretary, Miss Best; Treasurer, Miss Wilkin; Flower Representative, Mrs. R. F. Nicholls; Canadian Nurse Representative, Miss E. M. MacRae.

Nursing Sister Marion Lavell, of P. H. N. staff, is at present in the High Prairie District.

Nursing Sister Martha Markin has returned to the city from Peace River.

Nursing Sister Lonsdale headed the list of nurses taking the P. H. N. course at the University this spring, annd has gone to assume her new duties in the Drumheller District.

Nursing Sister Olive Ross spent about ten days in the city before leaving with her mother to spend the summer in Scotland.

Nursing Sister Maggie J. James left on Friday, May 26th, to visit her mother in Glasgow.

BRITISH COLUMBIA.

Sixty-three nurses wrote on the recent examination for registered nurses' certificate, and fifty-seven were successful in passing all subjects. Miss Ellen Cullinan, of St. Paul's Hospital, Vancouver, ranked highest, making an average of 90%%. Miss Margaret MacLean, V.G.H. came second with a total of 87½%. Following is a list of those successfu': Miss E. Cullinan, St. Paul's Hospital, Vancouver, B. C.; Miss M. MacLean, Vancouver General Hospital; Miss Rose Delpe, St. Paul's Hospital; Miss Sara Fatt, Jubilee Hospital, Victoria, B. C.; Miss Blanche Ouelette, Miss Lillian Ford, and Miss Josephine Ferroux, St. Paul's Hospital; Miss D. Bullock; Vancouver General Hospital; Miss D. Shaw, Vancouver General; Miss E. Pierce, Port Simpson Hospital; Miss M. Glen, V. G. H.; Miss Jean Taylor, Royal Columbian Hospital, New Westminster; Miss E. Hogarth, V. G. H.; Miss Mary Ross, Royal Columbian; Miss Annie James, St. Paul's Hospital; Miss B. Anderson, V. G. H.; Miss Clara V. Roberts, St. Paul's Hospital; Beatrice Cyr, E. Reeves, St. Paul's; Miss Beryl Thompson, St. Joseph's Hospital, Victoria; Miss Mary MacLennan, St. Paul s Hospital; Miss L. Drysdale, R. C. H., New Westminster; Miss L. Wooding, V. G. H.; L. Sigurdson, V. G. H.; Mina Jonnston, St. Paul's; Margaret Wilson, Ladysmith; Susan Fisher, V.G.H.; Helen White, R.C.H., New Westminster; Mrs. Frances Orr, St. Paul's Hospital; Dorothy Clippingdale, St. Joseph's; M. Whiteford, Royal Columbian, New Westminster; Mildred Nimmons, E. McKay, R. Dixon, M. Wilson, V. G. H.; Flora Rothnie, Jubilee Hospital, Victoria; Mrs. McCutcheon, Hazelton, Hospital; Sarah Prentice, St. Paul's; E. King, Haze'ton Hospital; M. Brethour, Jubilee Hospital, Victoria; E. Campbell, V. G. H.; C. Fowler, Jubilee Hospital, Victoria; W. Webb, Kootenay Lake General Hospital, Nelson, B. C.; E. Harrison, St. Eugene's Hospital, Cranbrook; B. Brouse, G. Hall, V. G. H.; E. Bates, Hazelton Hospital; Stella Francis, Jubilee Hospital, Victoria; C. Cameron, V.G.H.; F. Fordan Kootenay Lake General Hospital, Nelson; M. G. Ehlers, Jubilee Hospital; M. Gairns, Kootenay Lake General Hospital, Nelson; E. Lynn, V. G. H.; K. Wright, Jubilee Hospital, Victoria; Mary Campbell, V. G. H.; M. Taylor, Bella Bella Hospital; G. Morgan, V. G. H.

VICTORIA

The Jubilee Hospital graduation was held on Friday, June 2nd, in the Alexandra Club ball-room. It was well attended and a very pleasant evening was spent.

The Victoria Graduate Nurses' Association held their monthly meeting on Tuesday, June 6th, when Miss Jessie MacKenzie, R.N., Superintendent of Jubilee Hospital, was appointed representative for the Association at the annual convention C. N. A. T. N. being held at Edmonton.

A deputation from the association was appointed to meet the boat on Sunday, June 25th, for the purpose of giving Victoria's welcome to the American nurses, on their way to Seattle to attend the biennial convention of the American Nurses' Association.

Plans were also discussed for the raising of funds for the Canadian National Memorial to the nursing sisters who lost their lives in the Great War. Much disappointment was expressed that the Empress ball-room could not be obtained for June 9th. A garden fete was suggested and was left in the hands of the committee.

BIRTHS

Roach—At Windsor, Ontario, on March 17th, 1922, to Mr. and Mrs. Wi'fred D. Roach (Gertrude Heck, S. M. H., Toronto, 1920), a daughter, Katherin C.

Richards—At St. Paul s Hospital, Vancouver, B. C., on May 22nd, 1922, to Mr. and Mrs. A. E. Richards (Nursing Sister Evelyn G. Galloway, H.G.H., 1916), a son.

Lawler—At the Royal Alexandra Hospital., Edmonton, on May 1st, 1922, to Mr. and Mrs. T. W. Lawler (Sadie McCrimmon, R. A. H., 1920), a daughter, Flora Frances.

Reynolds—At Bowden, Alta., on February 27th, 1922, to Mr. and Mrs. James Reynolds (Nursing Sister Sheridan), a daughter.

Wilson—At the Royal Alexandra Hospital, Edmonton, on May 5th, 1922, to Dr. and Mrs. W. A. Wilson (Pearl Tait, R.V.H., 1910) a daughter, Margaret Tait.

Telford—Born to Mr. and Mrs. Wallace Telford (nee Elsie Lomer, class '19, of Montreal General Hospital), at the Montreal Maternity, May 8th, a daughter.

Patterson—At Montreal, on Sunday, May 20th, 1922, to Mr. and Mrs. Hugh M. Patterson (Dorothy Montizambert, R. V. H., 1916) twins, girl and boy.

MARRIAGES

Eltherington-Hunter—In Charmichael Church, Regina, on September 28th, 1921, Agnes J. Hunter (Regina General Hospital, 1919), to Mr. Arthur W. Eltherington, of Preston, Ontario.

Tunrer-Fumerton—In Neller, Saskatchewan, on October 20th, 1921, Effie Fumerton (Regina General Hospital, 1919) to Mr. A. Turner.

Wilkie-Schiebel—In Regina, on February 27th, 1922, by the Rev. Father Gallagher, Louise Schiebel (Grey Nuns' Hospital, Regina, 1919), to Mr. Carl Wilkie.

McKell-Peddie—In Regina on January 3rd, 1922, Mildred Peddie (Regina General Hospital, 1917), to Mr. James McKell.

MacAvelia-Hilton—On March 8th, 1922, Margaret Hilton (Regina General Hospital, 1917), to Dr. M. T. MacAvelia, of Simpson, Saskatchewan.

Henderson-Shanahan—At Penetanguishene, Ont., on April 18th, 1922, Josephine Shanahan (S. M. H., Toronto), daughter of Mr. and Mrs. D. J. Shanahan, to J. E. Henderson, of Toronto.

Hunt-Searles—On May 24th, Miss F. Rose Searles (City Hospital, Saskatoon, 1920), to Mr. W. N. Hunt. Mr. and Mrs. Hunt will reside at Edson, Alberta.

Rolland-Taylor—On June 1st, 1922, at the home of the bride's sister, Mrs. A. H. Dalrymple, Westmount, Montreal, Miss Irene Taylor (class '20, M.G.H.), to Mr. Arthur Rolland, both of Westmount, P. Q. After a ten days' honeymoon in the Laurentian Mountains, they return to make their home in Montreal, P.Q.

Lucas-Hayes—At St. Paul's Church, Shigawake, Que., on June 7th, 1922, Winifred Mayes (R. V. H., 1916), to Mr. Walter James Lucas, son of Mr. and Mrs. James Lucas, Sarnia, Ont. Mr. and Mrs. Lucas will reside in Montreal.

Mason-O'Reilly—At Windsor Mills, Que., on June 1st, 1922, Loretto O'Reilly, daughter of Mr. and Mrs. William O'Reilly, to Edward Halton Mason, M. D., of Montreal, son of Mr. and Mrs. Edward H. Mason, of Providence, R. I. Mrs. Mason will be much missed in the R. V. N., where she had charge of the metabolism ward since her graduation in 1916.

DEATHS

Bate—On April 13th, 1922, at the Victoria Hospital, Central Butte, Sask., of pneumonia, Fanny Bate, Reg. N. (Regina General, 1919). Miss Bate had been for some months in charge of the hospital at Central Butte, and her death following a very brief illness from influenza, complicated by pneumonia, came as a very great shock to her immediate family, as well as to her many friends. Interment took place at Broadview.

Porter—On May 2nd, 1922, at the Macklin Hospital, Sask., of pneumonia, Agnes Martha, wife of W. L. Porter, of Primate, Sask. Before her marriage on August 16th, 1921, Mrs. Porter (Agnes Martha Reaney, Saskatoon City Hospital, 1917), had served on the staff of the Dodsland and Kindersley Hospitals. Sympathy is extended to her husband, as well as to the members of her own family. Interment took place in Stratford, Ontario.

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To sleep, or to laugh or to cry!
I have given them all I can give,
And yet I'm too busy to die!

"I'm tired—too tired to move,
My head and my hands and my soul,
Too weary to hate or to love,
To stimulate, soothe or console.

"I'm tired of crutches and canes,
Of bandages, medicine, dope,
Of doctors and dressings and pains,
Of sympathy, even of hope!

"Of letters to open and read,
From sister or sweetheart or wife;
The others that question and plead,
Will haunt me the rest of my life.

"I'm tired of striplings untamed—
They laugh and you love and they die!—
Of the scared and the blind and the maimed,
And of forcing myself not to cry!

"It's the life of a dog or a slave,
This salving the wreckage of war;
You talk of the glorious Brave,
But we—ah, we know what they are!

Do I like it—this game I must play?
Does a doom-haunted prisoner sing?
* * Don't listen—I'm too tired to-day—
Be quiet—yes, that was my ring * *

"No, doctor, quite rested—What, Dan?
Not red-headed Dan from Duluth!
He shan't die——we'll save him!" She ran,
For such is our Kingdom of Youth!

Elizabeth Newport Hepburn.

Our grand business is not to see what lies dimly at a distance, but to do what lies clearly close at hand.

—*T. Carlyle.*

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Applications for the position of Executive Secretary of the Canadian National Association of Trained Nurses—with headquarters in Winnipeg—will be received by Miss Jean Browne, President of the C.N.A.T.N. 410 Sherbourne St., Toronto.

Applicants must be members of the C.N.A.T.N., and nurses of experience and executive ability. All applications must be in before January 1st, 1923.

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Graduate nurse for Doctor's office who can do stenography and typewriting, also understands ordinary book-keeping. State age, school and experience since graduation: also wanted, experienced dietitian who can teach dietetics, supervise patients trays, purchase supplies and manage employees. Housekeeper is employed. Apply Superintendent, Wellesley Hospital, Toronto, Canada.

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Executive Committee—Miss May, Miss Lenfesty, Miss C. Kennedy, Miss Black, Miss Wilson. Refreshment Committee—Miss D. Binning, Miss Fellows.

Representative to the "Canadian Nurse"—Miss V. Horner.

Sick Visiting Committee—Miss G. Mayhew, Miss E. Jack.

Regular meeting first Monday at 8 p.m.

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THE ALUMNAE ASSOCIATION OF THE WESTERN HOSPITAL, MONTREAL

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Convener of Finance Committee—Miss B. A. Birch, Western Hospital.

Convener of Programme Committee—Miss Ada Chisholm.

Convener of Membership and Visiting Committee—Miss Ethel Mount.

Convener of General Nursing Committee—Miss B. A. Birch.

Representative to Canadian Nurse—A. M. Stephens.

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Contagious	2 months
Eye, Ear, Nose, Throat, Tuberculosis, Mental and Skin	6 months

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Representative to the "Canadian Nurse"—Miss S. E. Almon Mowry, 86 St. Luke St.

Regular Monthly Meeting—Third Wednesday, 8 p.m.

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Board of Directors—Miss Armour and Miss Morris.

Canadian Nurse Representative—Miss E. G. Miller.

Regular Meeting, First Friday of each month at 8.30 p. m.

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Representative to the Canadian Nurse—E. Routhier, 4 Oldfield Ave.

Regular Monthly Meeting—First Thursday at 8 p.m.

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Regular Meeting, First Tuesday, 8 p.m.

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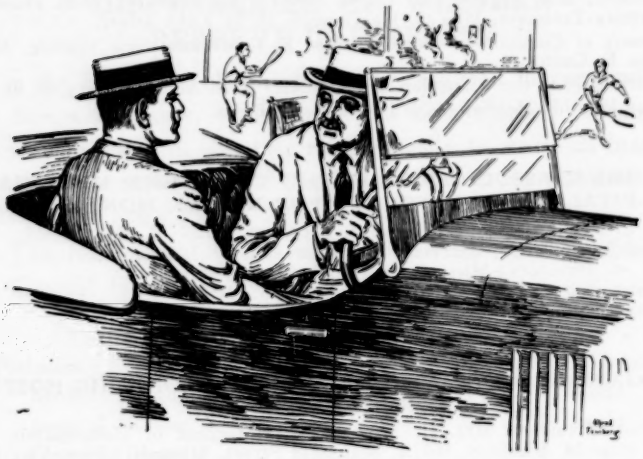

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Regular Meetings, First Friday of each month at 8 p.m.

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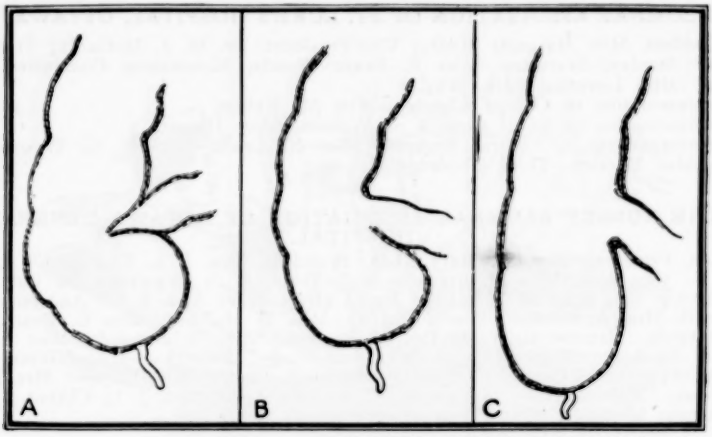

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Canadian Nurse Representative—Miss Ethel Rawlings, 40 Albert St., St. Catharines.

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Regular Monthly Meeting—Last Tuesday, 2.30 p.m.

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Regular Meeting—Fourth Friday of each alternate month, at 8 p.m.

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Regular monthly meeting—First Tuesday, at 8 p. m.

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Regular monthly meeting, Second Monday, at 8 p.m.

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Incorporated March, 1917

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